



Getting To Know You - A Local Study of the Needs of Migrants, Refugees and Asylum Seekers in County Clare

**UNIVERSITY
of
LIMERICK**
OLLSCOIL LUIMNIGH

GETTING TO KNOW YOU



**A LOCAL STUDY OF THE NEEDS
OF MIGRANTS, REFUGEES
AND ASYLUM SEEKERS
IN COUNTY CLARE**

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List of Abbreviations

- AKiDwA - African Women's Network
- ARASI - Association Of Refugees And Asylum Seekers In Ireland
- CDP - Community Development Project
- CORI - Conference of the Religious in Ireland
- CSO - Central Statistics Office
- DETE - Department of Enterprise Trade and Employment
- DFA - Department of Foreign Affairs
- DJELR - Department of Justice Equality and Law Reform
- DSFA - Department of Social and Family Affairs
- ELO's - Ethnic Liaison Officers
- FÁS - Training & Employment Authority
- GNIB - Garda National Immigration Bureau
- HRC - Habitual Residency Condition
- HSE - Health Service Executive
- ICCL - Irish Council for Civil Liberties
- ICP - Immigration Control Platform
- ICI - Immigration Council of Ireland
- INIS - Irish Naturalisation and Immigration Service
- IRC - Irish Refugee Council
- MRCI - Migrants Rights Centre of Ireland
- NCCRI - National Consultative Committee on Racism and Interculturalism
- ORAC - Office of Refugee Applications Commissioner
- PPSNs - Personal Public Service Numbers
- QNHS - Quarterly National Household Survey
- RAT - Refugees Appeals Tribunal
- RIA - Reception and Integration Agency

Chapter 1

INTRODUCTION

This report includes a desk study on the policy and legal context of immigration into Ireland, and presents the findings of a field research project on the needs of refugees, asylum seekers and migrants in County Clare. In 2007, Ennis CDP and the HSE West commissioned the University of Limerick Centre for Peace and Reconciliation to conduct this research for a inter-agency group assembled by the Health Service Executive (West) in County Clare: The inter-agency group involved the following agencies:

Citizen's Information Centre
Clare County Council
Clare Immigrant Support Centre
Clare Youth Service
Clarecare
Co. Clare VEC
Department of Education and Science
Ennis Community Development Project
FÁS
HSE West

The findings are intended to assist the group in developing a strategy for the coordination of services to migrants, refugees, and asylum seekers in County Clare. They are currently being used to inform and direct policy developments and future service planning to enable service providers to plan in an inclusive way. It is envisaged that such planning will promote better access to services. This research will assist in what will be a much longer journey to achieve this goal.

The aim of the research was to reflect on the Irish policy context and its impacts on the experience of refugees, asylum seekers and migrants, and to capture the experiences of Immigrants living in County Clare at a particular point in time.

The objectives of the field research were:

1. To profile the refugees, asylum seekers and migrants living in County Clare;
2. To profile the perceived needs of children, families and adults from these groups living in County Clare;
3. To profile current levels of service provision and to review available data from service providers;
4. To document levels and experiences in the take-up and access to mainstream services

In 2006, three developments prompted local service providers to identify the need for interagency coordination of services to this community:

- The growing population of migrants, refugees and asylum seekers residing in County Clare;
- The increased uptake of services by individuals from these groups, and the difficulties in delivering such services that arise from cultural considerations and the backgrounds of the migrants;
- The closure of the Ennis Office of the Irish Refugee Council and the need to continue to offer the services it provided to refugees, asylum seekers and migrants more generally

The researchers addressed the following main topics:

- National policy and developments with respect to immigration into Ireland.
- The composition of the immigrant communities within County Clare
- The living experiences of ethnic minorities within Clare especially with respect to work, accommodation, health, and education.
- The experiences of service providers in addressing the needs of immigrants
- The extent to which immigrants are becoming citizens, that is, members of the local community with the same rights and obligations as their Irish hosts

Overview of the Report

Chapter 2 presents the legislative and policy context in Ireland which underpins the current situation for immigrants.

Chapter 3 examines the demographic profile of County Clare and provides a statistical analysis of the resident immigrant population.

Chapter 4 describes the methodology used to conduct the field research, and presents the research findings under the following headings:

- Work
- Accommodation in the Community
- Accommodation in Direct Provision
- Health
- Education
- Language Acquisition
- Social Integration

Chapter 5 presents the conclusions and recommendations.

Chapter 2

LEGISLATION AND POLICY CONTEXT

Over the past decade, Ireland has become one of the leading recipients of immigrants in the European Union. Most of its new residents enter Ireland on work permits, though a growing proportion are unrestricted arrivals. They are here as a consequence of their entitlement to work and live in Ireland as citizens of the European Union. A declining proportion of immigrants to Ireland are asylum seekers. This chapter explores the national legislation and policy that underpin integration policy in Ireland.

In Ireland, different paths of entry and entitlements exist for migrants from different groups of countries. Different rights with respect to access to the labour market and access to social services exist for immigrants who fall into these different categories:

- From the Common Travel Area (essentially the British Isles)¹
- From the European Economic Area
- Non EEA Work Permits
- Non EEA Work Visas or Green Cards
- Students from outside the EU
- Asylum seekers and achievers of refugee status
- Arrivals as a spousal or family dependent

At the bottom of this hierarchy are an unknown number of illegal immigrants, including people who entered Ireland illegally or those who have overstayed the period specified in their visas. The labour market has become increasingly segmented by different rights and entitlements, and as a consequence has given rise to employee vulnerability regarding abuse, particularly of those hired directly from their country of origin through sub-contracting arrangements (Fanning 2007).

The Refugee Act 1996 set out Ireland's compliance with its international legal obligations to refugees. Implementation of policy adopted in the 1990s remains incomplete. For example the Refugee Advisory Board has yet to be established despite its envisaged development in the 1996 Refugee Act. Claims have been made surrounding the reported deterioration of asylum seeker's status entitlements since 2000 when they ceased to receive Supplementary Welfare Assistance and Rent Allowances, instead becoming subject to dispersal and direct provision. At the time of writing this report, 5,808 asylum seekers lived in Direct Provision centres.

¹ *This historical legacy from British Irish relations will be removed in 2008*

In 2005, following a constitutional referendum, the government withdrew residence rights to parents of Irish-born children, though 10,600 people were given a one-off right to remain in Ireland for two years

With respect to racism, opinion polls since the mid 1990s suggest a hardening of public attitudes towards immigrants (Garry, Hardiman and Payne, 2005) – in this respect, Irish attitudes are in line with general trends across Europe, as is suggested by Eurobarometer surveys. The extent to which public hostility towards immigration has been accompanied by the development of institutional racism is contentious. Ireland has enacted robust anti-racist laws, including the Effectiveness of Prohibition of Incitement to Hatred Act of 1993. Since 2005, a more wide-ranging approach to immigration has been evident, with the establishment of the Irish Naturalisation and Immigration Service, National Consultative Committee on Racism and Interculturalism and the adoption of National Action Plan against Racism, and finally the appointment of a Junior Minister on Integration. Detailed sectoral strategies now exist with respect to health, education and policing. The section below explores particularly relevant legislative and policy documents in further detail:

2.1 Employment Legislation

As of January 2007, the Employment Permits Acts 2003 and 2006 allow for the establishment, for the first time in Ireland, of a Green Card Scheme for occupations where high-level strategic skills shortages exist. This new Green Card Scheme replaces the Work Visa/Work Authorisation Scheme, which has been discontinued. Applications may be made in respect of two categories of occupation, based on salary level:

- (i) Firstly, where the annual salary (excluding bonuses) on offer is €60,000 or more, the Green Card Permit is available for all occupations, other than those which are contrary to the public interest.
- (ii) Secondly, Green Card Permits are available in the annual salary range €30,000 - €59,999 (excluding bonuses) for a restricted number of strategically important occupations².

2.2 National Profile of Asylum/Seekers, Refugees and Immigrants

As a consequence of recent economic growth and the accompanying increase of labour demand, Ireland became a net importer of people. Table 1 illustrates the stock of foreign-born populations from selected OECD countries, and illustrates that Ireland is now one of the top EU recipients of immigrants as a proportion to its population.

² The occupations are as follows: Information Technology, Healthcare, Industry, Science Researchers, Financial, Industry/Services-For more information please refer to- *'Employment Permits Arrangements: Guide to Green Card Permits'* <http://www.entemp.ie/publications/labour/2007/guidegreencards.pdf>

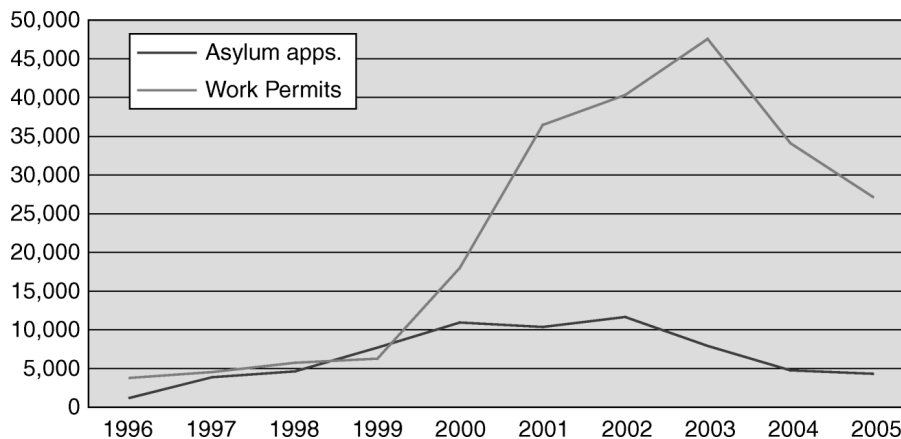
Table 1 Number of foreign-born populations in selected OECD countries

Country	Foreign Born	Foreign Population
Australia	23%	7%
Canada	19%	5%
Germany	13%	9%
United States	12%	7%
France	10%	6%
Ireland	10%	6%
Netherlands	10%	4%
United Kingdom	8%	6%
Norway	7%	4%
Denmark	7%	5%
Portugal	6%	2%
Spain	5%	4%
Hungary	3%	1%
Poland	2%	0%

(Source: OECD 2005: Chart 1.6)

The surplus of immigrants over emigrants is created principally by labour migrants and their children. The 2002 Census identified 6.8 per cent of the population as being-foreign born (CSO 2002). It is not merely the number of immigrants that has caused the country’s population to rise to an estimated 4.23 million: emigration has been steadily falling, while the excess of births over deaths has grown rapidly (CSO July 2006). Also, a substantial proportion of the immigrant population is comprised of ‘returning emigrants’, namely Irish nationals who have returned from living abroad. This group made up more than ‘half of all immigrants in the 1990s, and in 2004 comprised 34 per cent, while another 36 percent were either EU nationals or US nationals. Only 30 per cent of the total, as of 2004, were from outside the EU’ (Garner 2007, p.118). The number of work permits that have been issued reached a peak in 2002, when 47,000 were granted (see Figure 1).

Figure 1 Number of work permits issued and asylum applications in Ireland



(Source: Department of Enterprise, Trade and Employment, and Office of the Refugee Applications Commissioner)

From Figure 1 it is evident that the number of work permits issued has largely exceeded that of asylum applications, except in 1999. The reasons for the sharp decline in asylum seekers include increased border security and a change in countries in which asylum is being sought by third-country nationals³. Yet much of the focus of government and media has been on asylum seekers (Garner 2007, p.118). Rising rapidly from a very low base of less than 50 per year in the early 1990s, the number of asylum applications peaked at 11,634 in 2002, before falling year on year to less than 4,000 since then.

However, although the numbers of permits issued has dropped since then, to 27,136 (2005), a significant proportion of this reduction must be attributed to the accession to the EU of those countries that provided the majority of workers prior to 2004. In 2005, nationals of the Philippines, the United Arab Emirates, Romania, India and South Africa received the highest number of permits.

The last Census figures (2006) included a new question on ethnic or cultural background. The Census (2006, CSOa Table 2.2 Ref CSOc:27) showed that 10 per cent of the population (400,000 people) are foreign nationals (see also: O'Brien, *The Irish Times*: 20th July 2006). Table 2 summarises the headline figures.

In a recent consideration of the latest Census data, however, Loyal (2007) claimed that the numbers could be far greater than estimated, as many communities, in particular the Chinese community, which the Census estimates to be c.0.4% of the population, are far greater, and underreported due to the expiry of work visas of members of that community. In response to the census question on ethnic origin, 95 per cent of the usually resident population declared that they were white.

Persons of Asian or Asian Irish background accounted for a further 1.3 per cent, while those who ticked the African box in the Black or Black Irish section made up 1 per cent of usual residents. Nearly 85% of all migrant workers are from the EU (including UK). EU nationals are free to seek work in Ireland without any restrictions (MCRI&NCCRI 2007).

³ Under the Dublin Convention (1994) now known as the Dublin II Regulation (2003), individuals must make their application for asylum in the first EU country that they enter.

Table 2 Usual residents by ethnic or cultural background

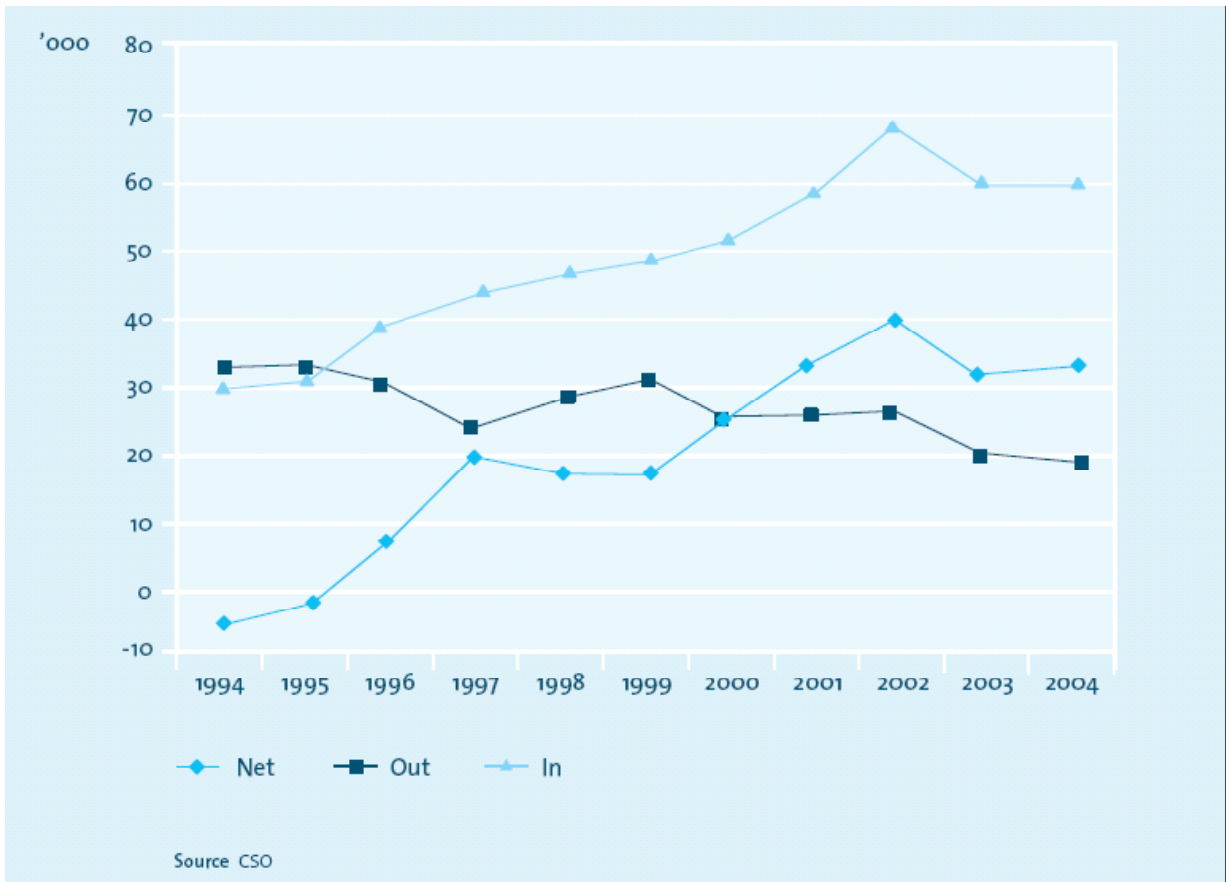
Category	Thousands	%
<u>White</u>		
Irish	3,645.2	87.4
Irish Traveller	22.4	0.5
Any other White background	289.0	6.9
<u>Black or Black Irish</u>		
African	40.5	1.0
Any other Black background	3.8	0.1
<u>Asian or Asian Irish</u>		
Chinese	16.5	0.4
Any other Asian background	35.8	0.9
<u>Other including mixed background</u>	46.4	1.1
Not Stated	72.3	1.7
Total	4,172.0	100.0

(Source: CSOc 2007: 27)

Central Statistics Office (CSO) population projections suggest that by 2030, foreign-born persons could comprise about 18 per cent of the Irish population, higher than the present percentage in many high immigration countries (NESC 2006).

The unprecedented economic growth during the 1990s resulted in a significant increase in employment and the emergence of widespread labour and skill shortages. The government responded to the request from employers for additional workers by making it relatively easy to recruit and employ workers from outside the country. As a result, since 1996, Ireland has been a net importer of people (see Figure 2). There are almost 170 nationalities now represented in the State, reflecting the diverse nature of this immigration. These dramatic changes for a country that until recent years had a highly homogeneous population have posed challenges, for the development of a policy infrastructure and comprehensive government response.

Figure 2 Immigration and emigration trends 1994–2004



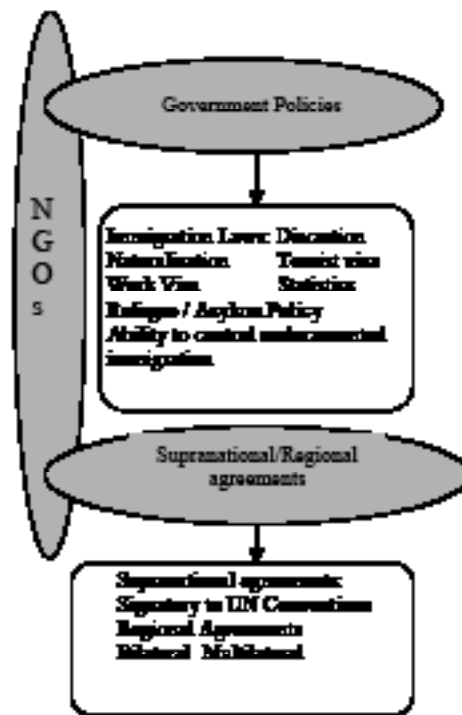
(Source: NESC 2006, p.13)

The substantial increase in net inward migration since the mid-1990s has also generated a number of opportunities and challenges for the Irish economy and society. Migration can alleviate various labour shortages in the private and public sectors. Some migration can play a particular role in facilitating the growth of key knowledge-based industries. It may be a significant source of entrepreneurship, and the diverse population created by migration can also enrich a country’s social and cultural life (NESC 2006).

2.3 Irish Immigration Policy

Irish Immigration policy is produced by three separate spheres of influence (see Figure 3): state policies and laws, non-governmental organisations (NGOs), and supranational/ regional agreements and laws. Government policies include areas of state control in relation to immigration. These are: immigration laws and constitutional changes, acts of a parliament or other law-making body, naturalisation law, visa programmes including holiday/student etc, border controls and the ability to control undocumented immigration. Immigration laws include all laws that pertain directly to immigration, separate from naturalisation law, which may be codified in the constitution and/or a separate law.

Figure 3: A topology of Irish immigration policy



(Source: Tracy 2000, p.9)

Tourist, work and specialty visas are a separate category as they relate to other areas of state influence. Supranational and regional agreements or laws affect state policy. These are agreements which are made with a regional power such as the EU, or with a global body such as the UN, or possibly on a bi or multilateral basis. For example, although it is not mandatory, all signatories to the 1951 UN convention are expected to grant refuge or asylum to whoever meets the criteria (Goodwin-Gill, Jenny et al, 1985). As a result many countries have developed internal policies which deal directly with refuge and asylum. Regional agreements, such as freedom of movement in the EU, affect government policies on many levels, mainly residence and work. Multilateral or bilateral agreements include, for example, the common travel area between the UK and the Republic of Ireland. Finally, NGOs also contribute to the development of immigration policy, as their presence or absence can affect state policy. If a well organized NGO structure is in place in a state, it may have enough influence to intervene in specific immigration cases. For example, the Migrant Rights Centre, the Irish Refugee Council, and the Irish Council of Civil Liberties act as lobbying bodies to secure reforms in immigration law and also in the provision of services.

Ireland’s policy system for migration has been shaped by two main factors: the increase in the number of refugees and asylum seekers in the late 1990s; and the perceived need to meet labour shortages by issuing work permits. Since the enlargement of the EU in mid-2004, the emphasis has shifted significantly, since most inward migration is now from the EU, particularly the new

member states. Also it is becoming clear that, as labour migrants have flowed into Ireland, new policy challenges have occurred outside of the work permit system. The number of foreign students in Ireland has doubled since 2002, though, until recently, there was little regulation of educational institutions, or of the student population, despite evidence that students are working in the informal labour market (NESC 2006, p.3). Overall, the policy framework for managing labour immigration has been designed in a piecemeal rather than in a coordinated and consistent manner.

2.4 Policy Delivery Mechanisms

The following are the main departmental responsibilities for migration policy and migration-related issues:

- The Department of Justice, Equality and Law Reform (DJELR) is the lead Department for immigration and citizenship policy and, in that context, has had the major responsibility for dealing with asylum matters, operational responsibility for visa policy and processing, leave to remain, and security issues. Within the Department of Justice, the Office for the Minister for Integration is charged with promoting the integration of individuals who have achieved refugee status or leave to remain.
- The Department of Foreign Affairs (DFA) has responsibility for processing and issuing visas, although this is now shared significantly with DJELR.
- The Department of Enterprise, Trade and Employment (DETE) has responsibility for labour migration policy and for monitoring and enforcement of employment law.
- The Gárda National Immigration Bureau (GNIB, established in 2001) has responsibility for the enforcement of Employment Permits legislation, border controls, registration of non-nationals and deportation, anti-trafficking measures and investigations.
- The Department of Social and Family Affairs (DSFA) has responsibility for social assistance for migrants.

In addition, a number of other public bodies have some role in the overall policy response to migration; for example the Equality Authority and related bodies, which promote non-discrimination, the ESRI and the Central Statistics Office (CSO).

Bodies in Ireland with a role in response to migration can be divided into five groups.

1. The first group includes the State agencies such as the Reception and Integration Agency (RIA), the KNOW Racism National Anti-racism Awareness Programme, and the Office for Social Inclusion.
2. The second group comprises state-funded equality and anti-racism bodies such as the

National Consultative Committee on Racism and Interculturalism (NCCRI), the Equality Authority, and the Human Rights Commission.

3. The third group is composed of the broadly-based migrant-support NGOs, funded by state, EU and private sources, such as the Irish Refugee Council (IRC), the Immigration Council of Ireland (ICI) and the Migrants Rights Centre of Ireland (MRCI).
4. The fourth group is characterised by church-funded refugee organisations such as SPIRASI-Asylum Services Initiative, the Vincentian Refugee Centre, the Refugee Service of the Irish Commission for Justice and Peace and the Jesuit Refugee Service.
5. Finally, the fifth group includes migrant and minority-led groups, privately or EU-funded, such as Integrating Ireland, ARASI, the Africa Centre, and the African Women's Network (AKiDwA).

2.5 Paths of Entry and Entitlements to Remain in Ireland

There are a variety of alternative routes of entry for immigrants to Ireland, which arise as a consequence of various international treaties and agreements that the Irish state has entered into.

European Economic Area (EEA)

The European Economic Area (EEA) comprises the EU-25 member states plus Norway, Iceland, and Liechtenstein. EEA nationals enjoy the unrestricted right to migrate and take up employment in Ireland. During 2000-2004, EEA nationals constituted almost half of all non-Irish inflows (CSO, Population and Migration Estimates) and almost two-thirds of all non-nationals living in Ireland (CSO 2002). Personal Public Service Numbers (PPSNs) – which are individual identifiers required to take up a job or access state benefits in Ireland – provide detailed information on short-term immigration. Between May 2004 and November 2005, 160,853 PPS numbers were issued to EU-10 nationals in Ireland (Hughes, McGinnity *et al*, in Fahey, Russell *et al* (eds), 2007, p.220). A particularly high share (90 per cent) of the EU 10 population aged over 15 is estimated to be in the labour force. Some of those not formally classified as participating in the labour force are nonetheless engaged in work, whether caring work in the home or voluntary activity outside the home (NESC 2006, p.31).

As a result of EU enlargement and the subsequent sharp increase in migrants arriving in Ireland from the EU-10 accession countries, the bulk of immigrants in Ireland today originate from the

European Union. On 1 May 2004, ten new countries acceded to the European Union⁴. Together with the United Kingdom and Sweden, Ireland granted accession state nationals unrestricted access to its labour market immediately upon EU enlargement. In May 2004, at the time of the accession of the 10 new Member States, Ireland took the decision to impose a Habitual Residency Condition (HRC)⁵ in respect of social assistance payments from the Department of Social and Family Affairs. This decision was taken because of fears, widely expressed at the time, that Ireland's welfare system might become the object of 'welfare tourism'. The residence condition requires a person claiming a social assistance payment to be habitually resident in the State or the rest of the Common Travel Area for a continuous period of 2 years⁶. All decisions relating to habitual residence are based on the five criteria set down in European Court of Justice case law⁷.

Access for Non-EEA Nationals

The regular channels of immigration and employment for non-EEA nationals, which Ireland can and does regulate, may be classified into employment-based and non-employment based channels:

- Work permits/Green Cards
- Working visas/authorisations and working holiday visas
- Asylum applications and refugee status
- Student visas
- Arrival as a dependant via family reunification or spousal dependent
- Business permissions
- Illegal Residents

Besides these paths of entry, individuals entering via the above routes may later acquire different forms of residency such as refugee status (in the case of some asylum seekers) or other forms of leave to remain, including Irish Born Child leave to remain. Currently it is estimated that 5% of the non-Irish resident population are refugees or are seeking asylum (NCCRI & MRCI 2007). Until recently, the basic legislation governing entry and residence of non-Irish nationals

⁴ The ten accession countries are Poland, Lithuania, Latvia, Slovakia, Czech Republic, Hungary, Estonia, Malta, Slovenia and Cyprus.

⁵ In order to be habitually resident the applicant has to have been living in Ireland with 'permission to remain' for two or more years. There are a number of factors taken into consideration when considering whether someone is habitually resident. They are, the applicant's main centre of interest, the length and continuity of residence of the applicant in a particular country, the applicant's length of absence and purpose of absence from a country, the applicant's type of employment and pattern of employment in a country and the applicant's future intention. For more information refer to- <http://www.welfare.ie/publications/hrc.html>

⁶ The Common Travel Area consists of The Republic of Ireland, Great Britain, Northern Ireland, the Channel Islands and the Isle of Man.

⁷ The following factors, as set down by ECJ case law, are considered in the determination of a person's habitual residence: length and continuity of residence; employment prospects; reasons for coming to Ireland; future intentions and centre of interest. The following payments are subject to the habitual residency condition: Unemployment Assistance; Old Age Non-Contributory Pension; Blind Pension; Widow(er)'s and Orphan's Non-Contributory Pensions; Carer's Allowance; Disability Allowance; Child Benefit; One Parent Family Payment; Supplementary Welfare Allowance (other than once-off exceptional and urgent needs payments)

was the Aliens Act, 1935, and the Aliens Order, 1946, as amended. With the rapid increase of immigration, the 1996 Refugee Act was introduced to codify the provisions for dealing with asylum applications. The most significant change is the Immigration and Residence Bill (2006).

Of particular relevance in the draft bill are the following:

- Ministerial discretion in visa and immigration related matters
- Detention for those refused entry to the state
- Development of permanent migration system
- Reliance on enlarged EU to cater for Irish labour market needs
- Power to define family reunification systems to be located with the Minister
- Proposals to increase enforcement measures for immigration law
- Proposed extension to current removals process.

The remainder of this section highlights details of some of the channels of immigration.

Work permits/Green Cards

The great majority of non-EEA nationals who have regularly taken up full-time employment in Ireland since the late 1990s were admitted under the work permit system, administered by the Department of Enterprise Trade and Employment (DETE). Work permits are valid for a maximum of one year, renewable on an annual basis. A migrant worker employed on a work permit is not allowed to work for any employer other than the one specified on the permit⁸. The publication of the Employment Permits Act in April 2003, which facilitated access for workers from the ten EU accession countries to the Irish labour markets immediately upon EU enlargement, marked the beginning of a more interventionist work permit system in Ireland. In April 2003, the DETE and FÁS published a list of occupational categories that became ineligible for work permit purposes.

In addition, in late 2003, the government began encouraging employers to give preference to workers from the EU accession countries. In November 2003, the DETE started to return applications for new work permits for workers from outside the enlarged European Union whenever workers from the EU accession countries were available to fill the vacancy. By August 2004, the DETE announced that it would no longer consider applications for new work permits for the employment of non-EEA nationals in low-skilled and/or low-wage occupations. NESCC notes that:

Together with EU enlargement, this shift towards a more restrictive and skills based permit system contributed to a drop in the number of work permits issued from 47,707 in 2003 to 34,067 in 2004. Regarding new permits, at 606, the average monthly number of work permits issued from May 2004 to April 2005 was the lowest since 1999 (NESCC 2006, p.20).

⁸ DETE's Work Permits Information Leaflet explicitly states: "All employees are advised that a work permit will entitle them to work for the specific employer named, and no other, for the duration of the permit. When the permit has expired the employee's permission to work in Ireland has expired". <http://www.entemp.ie/>

Between May 2004 and February 2006, 186,000 PPSNs were allocated to nationals of the Accession States, out of which more than half went to Polish citizens.

The fact that almost 186,000 PPSNs have been issued since May 2004 does not mean that all of these migrants found a job, as the PPSN number is also required for other purposes such as access to State services. However, cross-matching of PPSN numbers with income-tax records indicates that around 70 per cent of those with a PPSN number subsequently took up employment (Doyle, Hughes, et al 2006, p.62).

In 2004, there were 21,270 registered non-EEA students in Ireland (about half from China, with most attending English language schools in Ireland). Until recently, all non-EEA nationals who came to Ireland for the purpose of studying, including those who came for short-term English language classes, were entitled to take up casual employment (20 hours part-time work per week, or fulltime during vacation periods). Under revised arrangements in force since April 2005, access to casual employment is restricted to students attending a full-time course of at least one year's duration, leading to a qualification recognized by the Minister for Education and Science. After completing their studies in Ireland, non-EEA students may apply for a work visa/authorization, but only if their intended employment in Ireland falls within the designated occupations eligible under this scheme. The market increase in need for office cleaners, dish-washers and fast food operatives, agricultural workers, factory workers, nurses, builders and waiters and waitresses has meant an increase in vacancies in these areas. Critics of the way in which work permits are issued suggest that they are especially directed at work that is 'dirty, dangerous or difficult' (the so-called 3ds) and which can be undertaken by easily replaceable labour (Loyal 2007; Mac Éinrí in Healy and Reynolds 2006, p.359)

Latest census figures (CSOa, 28th June 2007) outlines that the hotels and restaurants sector had the highest proportion (31.9%) of non Irish national workers in 2006, followed by business activities (16.2%), manufacturing (15.2%) and construction (14.2%). About one in eight workers in the wholesale and retail trade sector was a non Irish national person, with health and social work (11.7%) having a smaller proportion. The employment of non Irish nationals in manufacturing increased by nearly 20,000 between 2002 and 2006. At the same time the number of Irish nationals employed in the sector fell by 21,700, leading to an overall employment decline of 1,800. The number of non Irish nationals working in construction increased from 6,900 in 2002 to 29,700 in 2006, accounting for 36.2 per cent of the total employment increase in the sector.

At the time of writing this report, Ireland had 31 labour inspectors to cover a work force of nearly two million. The government allocated €11.3 million in 2007 (Budget 2007) to support

employment rights and Minister Micheál Martin stated that the number of labour inspectors would treble to 90 by the end of 2007. However the power of the inspectorate remains quite limited as it cannot compel employers to pay overtime rates, Sunday rates or bank holiday rates. Under the Organisation of Working Time Act (1997) inspectors can only ensure that employers keep records, but they cannot carry out direct investigations. Also, even if they are able to enforce the Minimum Wage Act (2000) now set at €8.65 an hour, they cannot do anything about the loopholes that allow employers to pay below the rate while an employee is in ‘training’.

Refugee Status

Ireland acceded to the 1951 Geneva Convention in 1956 and to the Protocol in 1969. Ireland does not have a long history of asylum legislation and the jurisprudence on asylum and refugee law is in its emerging stages. Refugees are either asylum seekers whose claim for asylum has been granted by the Government in question, or people who have come directly to the country as refugees through humanitarian programmes. Refugees are likely to experience many of the same issues as asylum seekers in terms of background; however the main difference is that refugees have for the most part the same entitlements as citizens, such as the right to work.

The Refugee Act 1996, as amended by the Immigration Act 1999 and the Illegal Immigrants (Trafficking) Act 2000, and implemented from 20th November 2000, incorporates both the Geneva Convention and the Protocol into Irish law. The Refugee Act (1996) established the appointment of the independent Office of the Refugee Applications Commissioner (RAC). RAC is responsible for the investigation of asylum claims, and makes recommendations at first instance. The Refugee Appeals Tribunal (RAT) allows for the appeal of negative findings at first instance. The appointment of independent authorities to determine asylum applications represents a welcome advancement to the asylum process in Ireland. Provisions were made under the 1996 Act to establish the Refugee Advisory Board to advise the Minister for Justice, Equality and Law Reform on all aspects of policy in this area. However, the Board with social partner representation has still not been established ten years after the commitment was first made in the Refugee Act of 1996. Of the 4,314 applications for asylum made in the State in 2006 a total of 397 (9.4 per cent) were granted. The rest were either refused pending an appeal, withdrawn or asked to apply under the Dublin Convention to another country.

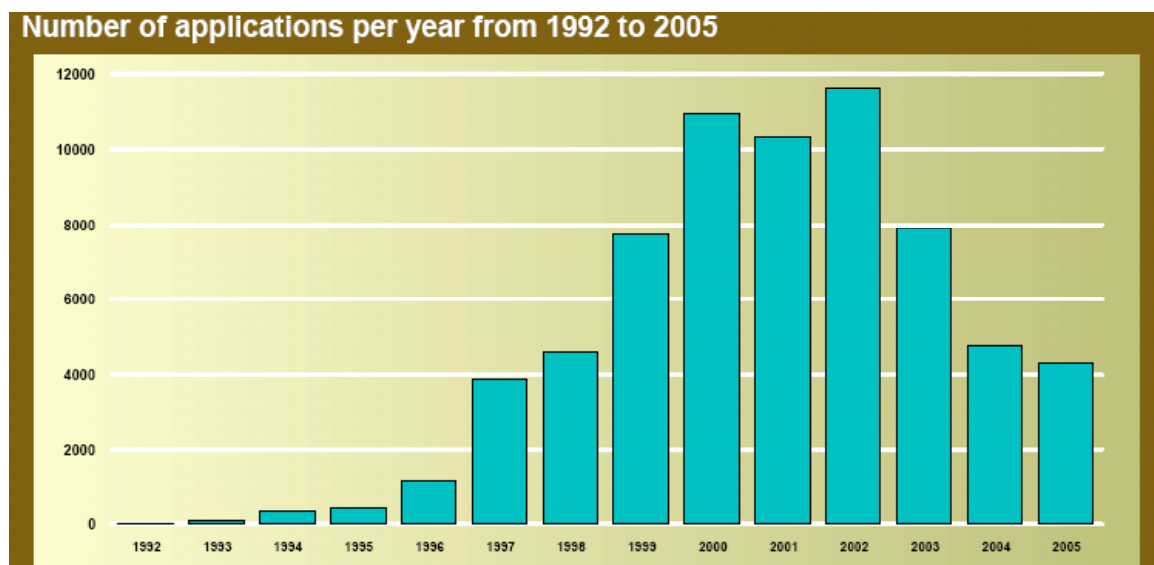
Asylum Seekers

Asylum Seekers are persons who seek to be recognised as refugees in accordance with the terms of the UN 1951 Convention. An asylum seeker has a legal right to seek refuge in Ireland under the terms of the Geneva Convention. Asylum seekers generally have very few other rights and entitlements. Since April 2000, asylum seekers have been accommodated in hostels, prefabricated buildings and mobile homes. In contrast to earlier asylum seekers, they receive an

allowance of 19.10 Euro per week and 9.60 Euro for each child that they have. The allowance has remained static since it was introduced in November 1999. There are a number of exceptions to the direct / dispersal provision regulations such as: ‘reunification’ with an immediate family member (i.e. a newly arrived asylum-seeker may be reunited with a spouse or partner already in rented accommodation) and those with an extreme medical condition. Separated children (i.e. children who arrive in the State without family or close relatives to care for them) are not subject to Dispersal or Direct Provision. Instead these young people under the age of 18 years remain in the area into which they arrive and are accommodated locally by the HSE under whose care they are placed according to the provisions of Section 8 of the 1996 Refugee Act (as amended). The 1991 Child Care Act applies to them, as it does to all children resident in the State.

In 1992, Ireland received 39 applications for asylum. By 1996, the number had risen to 1,179. By 2001, the applications had risen to 10,325 and by 2002 it had reached its peak of 11,364. A sharp decline occurred in 2003 to 7,939 (see Figure 4) and applications fell again in 2004 to 4,265 (Irish Refugee Council 2004). Loyal and Allen (in Lentin & Lentin (eds) 2006, p.266) note that these figures were presented as dramatic ‘but in absolute terms, Ireland received one of the lowest number of asylum seekers within the European Union (EU), with only 2.4 per cent of the total number of applications in 2000, for example’. The main countries of origin for asylum seeker applicants in Ireland from the most recent data available in 2006 were Nigeria (24%), Sudan (7%), Romania (7%), Iraq (5%) and Iran (5%). In 2006, a total of 4,314 sought refugee status in Ireland, which is the lowest recorded since 1998 (O’Brien, *The Irish Times*, 29/1/07).

Figure 4 Asylum applications to Ireland 1992-2005



(Source: Office of the Refugee Applications Commissioner)

In the ten-year period from 1994-2003, 5,700 people were recognised as refugees in Ireland (Integrating Ireland 2004). Although an asylum seeker may not be granted refugee status, he/she may be granted leave to remain in the State. This permission is granted at the discretion of the Minister for Justice, Equality and Law Reform. It may be granted for example to a person who does not fully meet the requirements of the definition of a refugee under the 1951 Convention, but who the Minister decides should be allowed to remain in the State for humanitarian reasons. Persons with Humanitarian Leave to Remain receive a residence permit, which is renewable every year, pending an improvement in the situation in their country of origin. After five years, they can apply for citizenship.

Leave to Remain

A person who has failed in their bid for asylum may petition the Minister for Justice for Leave to Remain in the State on Humanitarian grounds. It is a discretionary grant at the will of the Minister. The application is made on paper and there is no oral hearing. Personal reference and evidence of integration and involvement in the community go towards making up the petition. While waiting for a decision the applicant is not entitled to work and must remain in Direct Provision pending an outcome. A grant is given for one year initially but the applicant may be able to renew.

Subsidiary Protection

Subsidiary Protection was introduced in Ireland in October 2004. Up to that point, people who failed in their bid for asylum were offered the option to apply for Leave to Remain or else submit to Deportation.

Subsidiary Protection is another option for those seeking refugee status and is a status complementary to refugee status. Application can now be made for this option and the Leave to Remain option at the same time.

The Minister makes a decision on the eligibility for Subsidiary Protection first. If the application is not successful, then the Minister will decide on the application to remain temporarily in the State. If this is not successful, the applicant is allowed to remain for one year, with a review at the end of the year.

The rights attached to both Subsidiary Protection and refugee status are similar. While refugee status is considered to last for a lifetime, Subsidiary Protection is granted initially for three years, renewable thereafter, provided the situation in the country of origin remains perilous. Family re-unification is allowed. The successful applicant has the right to work and study at third level institutions. Successful applicants have the same rights and entitlements as Irish citizens.

Family Reunification

Family Reunification is granted at the discretion of the Minister of Justice. The Irish Human Rights Commission (IHRC) describes the lack of any legal right to family reunion for Irish citizens as a ‘lacunae’. It notes that the system seems to be *ad hoc* and that the decision-making process lacks transparency (Human Rights Commission 2005). There is no data publicly available on the annual inflows of non-EEA nationals admitted as family dependants. For some time, all non-EEA nationals aged 16 or over have been obliged to register with the Garza National Immigration Bureau (GNIB) within 90 days of entering the State. Since the end of April 2006 those who are family members of EU nationals resident in Ireland, including children, must apply for a Residence Card to confirm their family relationship with an EU citizen. The Immigrant Council of Ireland records that queries on the Family Reunification application process constitute the largest single cause of people seeking their services (Immigrant Council of Ireland, 2006)⁹.

Parents of Irish-Born Children

Up to January 2003, foreign nationals who were parents of children born in Ireland could apply for permission to remain in Ireland on this basis¹⁰. Between 1996 and February 2003, 10,500 parents were granted the right to remain in Ireland under this provision (NESC 2006). In January 2003, the Supreme Court ruled that there was no absolute right to remain in Ireland on the basis of being the parent of an Irish-born child (the L. and O. cases)¹¹. The facility allowing parents of Irish-born children to automatically remain was withdrawn from February 2003. At the time of the Supreme Court judgement ‘more than 11,500 applications for residence from parents with Irish citizen children were pending. The judgement provoked widespread confusion and fear amongst migrant families’ (Mullally 2007, p.28). The media debates following the Supreme Court decision exposed a host of contradictions. According to Mullally (2003), reporting migrant numbers as ‘spiralling out of control’ fed into the irrational fear of the ‘other’ creating a climate of insecurity within which racism and xenophobia flourish.

In 2004, the Irish government decided to take action, and a referendum was held to amend the Irish Constitution so as to remove the automatic right to citizenship for all those born in Ireland (*jus soli* – place of birth). By a majority of almost four to one, the electorate voted to amend the Constitution. Legislation based on this amendment came into force in January 2005.

⁹ One-third (4,185) of the queries to which the Immigrant Council of Ireland has responded since opening in 2002 (12,500 in all) came from people seeking information on the family reunification process or assistance in complying with it.

¹⁰ This was enshrined in the *Fajujonu* case where in 1989 the Supreme Court ruled that Irish citizen children had the right to the ‘company care and parentage’ of their parents within a family unit -*Fajujonu v. Minister for Justice* [1990] 2 IR 151; [1990] ILRM 234.

¹¹ See *L. and O. v. Minister for Justice, Equality and Law Reform*, [2003] IESC 1 (23 January 2003)

In the same month, the Government also announced a once-off scheme allowing non-Irish parents who already had Irish-born children to apply for the right to remain. By September 2005, 10,600 parents of the 18,000 parents who applied for residency were granted permission to remain for two years. However, the system comes with stringent conditions. Applicants were/are required to make every effort to become financially independent and accept there is no entitlement to family reunification (NCCRI 2005). Now as the law stands only children born in Ireland before 2005, or children born after that date with an Irish parent, have a constitutional entitlement to Irish citizenship.

Illegal Residents

The number of illegal residents is not known. Almost no statistics exist on the number of illegally resident immigrants beyond the number of outstanding deportation orders (8,902). It is not known how many persons evading a deportation order remain in the State¹².

There are two categories of illegal immigrants: persons who enter the State illegally and continue to reside illegally and persons who enter legally and whose residence status later becomes irregular (Quinn and Hughes, 2005). In one of the few research studies in which illegal immigration into Ireland is directly addressed, Conroy (2003) comments on the tendency of illegal/irregular immigrants to be employed in the sex industry.

2.6 Racism and Anti-Racism in Ireland

Racism can be broadly defined as any belief or practice which attributes negative characteristics to any group or persons either intentionally or unintentionally, on the basis of their supposed 'race' or ethnicity, within the context of differential relations of power (Fanning, Loyal and Staunton 2000, p.18). Conflicting attitudes on immigration have been published recently. In November 2006, the steering group of the National Action Plan against Racism published the encouraging results of a survey that appeared to suggest that attitudes had softened in recent years. Only 13 per cent of respondents said they had witnessed racism or racist behaviour, a significant drop on the figure from a comparable survey done three years earlier. But there were also apparent inconsistencies.

A week after the action plan's survey, a poll of immigrants' attitudes conducted by the ESRI (2006) — and one that excluded refugees, student visa holders and illegal immigrants, at that — found that 35 per cent of recent immigrants said they had been insulted, threatened or harassed in public because of their ethnic or national origin. For black Africans the figure was higher: 53 per cent of them reported some form of harassment on the street or on public transport (Mac Cormaic, *The Irish Times*, 30th May, 2007). Research by the CSO included a special module on

¹² Minister Michael McDowell, Parliamentary Debates (Official Report – Unrevised) Dáil Éireann Tuesday, 12th April 2005.

equality in the QNHS Quarter 2, 2004 and found that 24 per cent of non-Irish nationals reported having experienced discrimination, compared to less than 12 per cent of Irish nationals (CSO 2005). The CSO survey also found that 32 per cent of persons of ‘Other Ethnic Backgrounds’ reported having experienced discrimination, compared to 12 per cent of those of ‘White Ethnic Background’. The Minister for Justice Equality and Law Reform Brian Lenihan T.D. cautioned that while Ireland has not yet had any great racial tensions ‘the mood would change very very quickly were there any economic downswing’ (Fanning, *The Sunday Independent*, 24 June, 2007).

Racism can also be expressed through the acts of political institutions. Macpherson defined institutional racism in the following terms:

The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance thoughtlessness and racist stereotyping which disadvantage ethnic minority people (Macpherson 1999, p.22).

Goldberg (2002) argues that modern nation states are ‘racial states’, defined by their power to include and exclude in racially ordered terms, to categorise hierarchically, through various technologies of governance, techniques of power. Racialised patterns of inclusion and exclusion are evident in laws and policies that selectively integrate some immigrants, while strenuously keeping others out. The result of such racism includes unequal access to services. One obvious example would be the experiences of Irish Travellers in the areas of health, education and accommodation (Fanning 2002, pp.152-68).

2.7 Policy Responses - Key Policies and Legislation re: Racism and Discrimination

Ireland has relatively robust legislative provisions around racism and discrimination. The principal pieces of legislation are:

- Prohibition of Incitement to Hatred Act 1989
- Employment Equality Act 1998
- Equal Status Act 2000
- Equality Act 2004

The Prohibition of Incitement to Hatred Act, 1989 makes it an offence to incite hatred against any group of persons in the State or elsewhere on account of their race, colour, nationality, religion, ethnic or national origins, or membership of the Traveller community. According to the Gárda press office, however, ‘only one person has been convicted under the 1989 incitement to hatred act’ (*Irish Times*, 19th December 2005).

Both the Equal Employment Act 1998 and 2004, and the Equal Status Act 2000 and 2004 provide for a range of protections that prohibit discrimination in the workplace and in the provision of goods and services on nine grounds. These grounds are gender, marital status, family status, sexual orientation, religion, age, disability, race and membership of the Traveller community. However, in relation to Government services, only some services (such as education) are explicitly recognised under the Equal Status Act, whereas others (such as An Garda Síochána) have been deemed not to fall under the Equal Status Act. Yet even the areas which are covered, such as education, have certain exemptions¹³.

To ensure the implementation of these protections, and provide easy access to redress in cases of discrimination or victimisation, the legislation also provided for the establishment of the Equality Authority and the Equality Tribunal. The Equality Act 2004 gave effect to more recent developments at European Union level in the area of equality protection. In 1997 (following the European Year against Racism) the National Consultative Committee on Racism and Intercultural (NCCRI) was established as an independent expert body working with both Government and NGOs on matters relating to racism and inter-cultureless. The Irish Human Rights Commission, established in 2001 as one of the conditions of the 1998 Belfast Agreement, also plays an important role.

The Challenges of Integration

Castles and Millar (2003) identify three different approaches to integration adopted internationally by countries: differential exclusionary, assimilations and multicultural. Countries such as France have favoured an assimilations approach. The state's role has been viewed as the facilitator of conditions to allow immigrants to become indistinguishable from the majority population. Others, such as the UK, Canada and Australia, have favoured a more 'multicultural' approach, with recognition of cultural diversity (Mac Éinrí 2006, p.372). Multiculturalism is usually a two-way process with some expectations of conformity on the part of the immigrant to the values of the host country. This model implies that diversity of various groups should be respected, and that immigrants should be granted equal rights in all spheres of society. One might argue that the third model, the differential exclusionary model, has been pursued in *Gastrabeiter* (guest-worker) countries such as Germany. In such countries, immigrants are encouraged to join the labour market but are excluded from other areas of society. Family reunion is discouraged and citizenship is difficult to obtain.

¹³ For example a Catholic ethos of a school where under the Equal Status Act Section 7(3)(c) it states; "where the establishment is a school providing primary or post-primary education to students and the objective of the school is to provide education in an environment which promotes certain religious values, it admits persons of a particular religious denomination in preference to others or it refuses to admit as a student a person who is not of that denomination and, in the case of a refusal, it is proved that the refusal is essential to maintain the ethos of the school."

What type of integration policy is suitable for Ireland and what lessons can be learned from the experiences of other more established immigration countries? Currently in Ireland the debate about integration is at an early stage, and policy innovation has been limited. The key publication on inter-culturalism to date is *Integration: a Two-Way Process* (DJELR 1999). The report only covers the situation of refugees and people with leave to remain. The working definition of integration adopted by the report was as follows:

Integration means the ability to participate to the extent that a person's needs and wishes are met within all of the major components of society, without having to relinquish his or her own cultural identity (DJELR 1999, p.9).

The report was produced at a time when Ireland's experience of immigration was new and relatively limited. However, the government has begun to incorporate a more wide-ranging approach to integration of all migrants, not just refugees. For example, in March 2005 the Minister for Justice, Equality and Law Reform announced the establishment of the Irish Naturalisation and Immigration Service (INIS) that is designed to be a 'one stop shop' for migrants. The establishment in 1997 of the National Consultative Committee on Racism and Interculturalism (NCCRI) and the 2005 publication of the National Action Plan against Racism (NPAR) provided a more comprehensive approach to anti-racism and integration. The intercultural framework underpinning the NPAR is based on the following elements:

- *Protection*-Effective protection and redress against racism
- *Inclusion*-Economic inclusion and equality of opportunity
- *Provision*-Accommodating diversity in service provision
- *Recognition*- Awareness of diversity
- *Participation*- Full participation in Irish society

The NPAR may be regarded as the template that will underpin a range of Government initiatives in this field for the next three years. The identification of the need to accommodate diversity in service provision is of particular importance, as is the proposed focus on measuring outcomes rather than on a 'one size fits all' approach.

Policy & Service Provision

The revised National Anti-poverty Strategy (2002) entitled *Building an Inclusive Society*, identified migrants and ethnic minorities for the first time as a distinct target for anti-poverty policies (DSCFA 2002, p.17). However the revised strategy, beyond a general statement of principle, did not set out distinct targets. The reason given was that very little information was available about the socio-economic situation of foreign-born residents in Ireland. It was 'not possible therefore, to define specific targets for this group as a whole or for a particular ethnic group at this stage' (DSCFA 2002, p.18). Yet any aspirations to ensure migrants and ethnic

minorities did not experience risks of poverty clashed with subsequent government policies of removing welfare entitlement (Fanning 2007, p.251). In April 2004, just one month before it removed welfare entitlements from new immigrants, the Irish government, as part of its EU presidency, held a conference entitled 'Reconciling Mobility and Social Inclusion' (Office of Social Inclusion 2004). The conference defined social integration predominantly in terms of the economic integration of workers (Office of Social Inclusion 2004, p.8).

How such integration was to be furthered other than through the labour market has remained unclear. Migrants and ethnic minorities received just a one-paragraph mention in the 2007 report on the *National Action Plan for Social Inclusion 2007-2016* (Office of Social Inclusion 2007). However the report did note that 'integration is one of the most important challenges faced by Irish society over the coming years' (Office of Social Inclusion 2007, p.66). Again specifics are not outlined, but reference is made to the implementation of the National Action Plan Against Racism 2005-2008 (NPAR) where by 2008 'an opportunity will arise to review and to consider new strategies in the design and implementation of diversity policy (Office of Social Inclusion 2007, p.66).

Service Provision

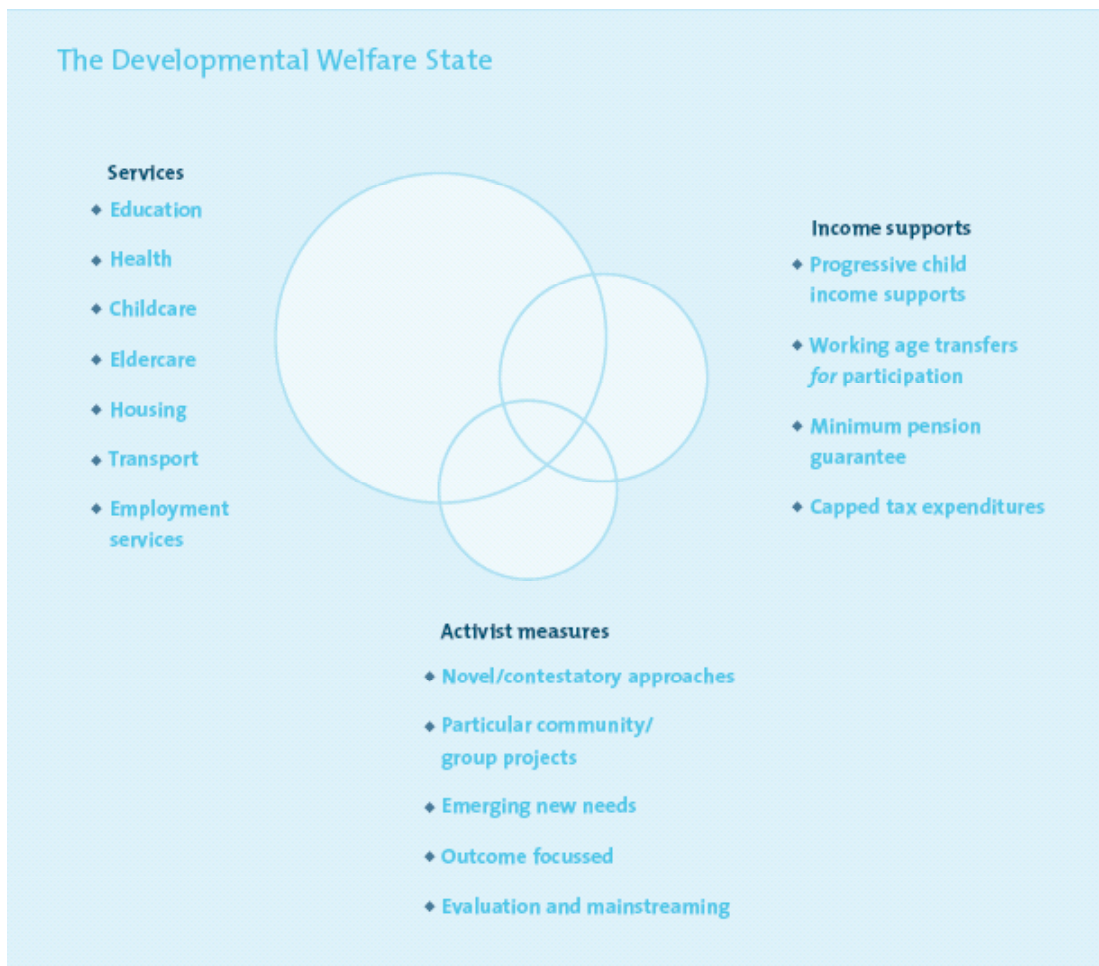
The NESF report *The Developmental Welfare State* (2005) argues that a radical redevelopment of services is the single most important route to improving social protection. The central argument of the report is that the welfare state should be seen as consisting of three overlapping spheres of activity: service, income supports and activist measures (see Figure 5). NESF puts forward a 'Lifecycle' approach to the future development of public services organised around the main stages of life: children; people of working age, older people and people with disabilities. NESF argues that for each group there is a need to ensure an effective combination of income supports, service and social innovation¹⁴. Following on from the NESF report, the NESF report 'Improving the delivery of quality public services' (2007) notes that one of the major issues facing the public service is how to move away from a system which has a one-size-fits-all approach to delivery of services that are wrapped around individual needs. The report noted that the government would have to invest;

- (a) For service providers to explore the specific needs of minority ethnic groups and their tailoring services to meet these needs;
- (b) For capacity-building among minority ethnic groups to support engagement with service providers and negotiation of changes in service delivery (NESF, 2007; 147).

¹⁴ This Lifecycle approach has been adopted by the recent social partnership agreement *Towards 2016* (2016-2015).

There is a critical need for new ethnic communities to be supported in order to address poverty and social exclusion within their communities and facilitate their long-term integration. The NESF acknowledges (NESF 2007, p.147) that the need for public services to take account of the varying needs and experiences of people from different cultural backgrounds is presenting a range of challenges for service delivery.

Figure 5 The developmental welfare state



(Source: NESF 2005, p.xviii)

Policing

An Office for Racial and Intercultural Affairs was established in the Garda Síochána in the year 2000, and 145 Ethnic Liaison Officers (ELOs) were subsequently appointed throughout the country, operating within the established community policing framework. ELOs are tasked with the development of good relations with ethnic minority communities and their representatives, and work is ongoing on formalising a new system for reporting racially motivated crimes (the NCCRI has already deployed its own reporting system). All ELOs receive training in intercultural awareness. The Gardaí also have partnerships with NCCRI and Pavee Point (a Traveller organisation) as well as informal contacts with Muslim representatives and other minority groups.

In 2005, the Minister for Justice, Equality and Law Reform announced a significant initiative whereby the usual requirement of certified proficiency in Irish and English for recruitment to An Garda Síochána was replaced by a requirement to hold a qualification in two languages, at least one of which must be Irish or English. The Department of Justice, Equality and Law Reform released some data on the outcome of the first recruitment campaign after these changes were introduced in 2005 (Lally, *The Irish Times*, 8/2/2006). The data showed that a total of 8,462 people applied; 6,890, or 81 per cent, completed a voluntary survey in which they indicated their ethnicity.

Some 5,573 candidates classified themselves as ‘white Irish’. Of these, 4,066 sat the aptitude test with 2,679, or 66 per cent, passing, making them eligible for the interview stage. The largest ethnic minority group was the ‘Asian Chinese’ community, represented by 602 applicants. Of these 463 sat the aptitude test with 101, or 22 per cent, progressing to interview.

A total of 348 candidates described themselves as ‘white other’, meaning they are white but not Irish. Of these, 146 sat the aptitude test with 57, or 39 per cent, passing and progressing to the interview stage. 124 applicants described themselves as “black African”. Of these 45 turned up for the aptitude test with two, or 4 per cent, passing and progressing to the interview stage.

Five applicants described themselves as ‘black other’, with four sitting the aptitude test and one progressing to the interview stage.

The final ethnic category was ‘Asian other’, with 153 candidates. Of these, 76 presented for an aptitude test with 10, or 13 per cent, proving successful and progressing to the interview stage. The results suggest that a significant start has been made, but significant statistical differences/disparities between the success rates of the various minority groups require further investigation; language difficulties may be a factor (Lally, *The Irish Times*, 8/2/2006).

SUMMMARY

- Official Irish policy responses to immigration are characterised by a contradictory dualism — between the economic reality that immigrant workers are underpinning our economic growth and the political reality that ‘foreigners’ are still not completely accepted as part and parcel of contemporary Irish society.
- Much of both popular and political discourse on immigration has been disproportionately focused on asylum seekers, although this group of immigrants is by far the smallest.
- By allowing popular discourses to focus predominantly on asylum seekers, there has been a tendency not to see immigration policy as a long-term strategic interest of government. As a result, formal policy responses of government to increasing inward-migration have been largely *ad hoc* and short-term.

- Lack of strategic prioritising of immigration policy has contributed to a dearth of good quality research in the area.
- Responsibility for immigration policy (and related policy areas) rests with a number of government departments, in particular the DJELR and Office for the Minister for Integration, public bodies and NGOs.
- The diversity of policy providers is matched by the diversity of immigrant status and entitlements.
- In this complex policy environment, attitudes towards minorities and immigration have hardened.
- Anti-immigrant attitudes have been countered by a series of legislative provisions designed to counteract racism and inequality, and government has begun to recognise the challenge posed by immigration.
- At present, it seems that the predominant mode of integration envisaged by government is access to the labour market.

In the remainder of this report, the authors will investigate the playing out of these national trends at regional and local levels in County Clare.

Chapter 3

PROFILE OF IMMIGRANT COMMUNITIES IN COUNTY CLARE

The field research commissioned for this report was undertaken in County Clare. As a largely rural county with relatively small towns, Clare represents a typical cross-section of Irish experience. Over the past decade European Union accession workers have been quite conspicuously employed in its service sectors and are representative of national trends.

Regarding the refugee and asylum-seeking population, the situation of Ennis has been unique for a town of its size. Due to its proximity to Shannon Airport, Ennis has experienced a rise in numbers of refugees and asylum seekers who entered the country by plane at Shannon, and whom the state placed in temporary accommodation in the Ennis region. This was the initial reason for the presence in Ennis of an office of the Irish Refugee Council, which recently closed. For rural parts of Clare, on the other hand, as is typical of rural Ireland generally, immigration and diversity are still quite novel.

This chapter provides an overview of the way in which the immigrant population of Clare is constituted.

The CSO statistics on '*Usual Residence, Migration, Birthplaces and Nationalities*' (2007c:36) states that the overall population of Co. Clare was 108,760 from Census 2006 data. From that 12,015 or 13% can be categorised as non-Irish born (includes those who did not state a category —see Table 3). From Table 3 UK nationals are the largest percentage of Non-Irish born, representing 3.19% of the Co. Clare population, followed by people from EU15 to EU25 accession states (2.22%). It is also worth noting the number of respondents to the Census who did not specify a nationality: 1,143.

Despite their diverse origins, it is possible to begin to think of immigrants in Clare in terms of six typical or generalised clusters. Our own research confirms the existence of these categories as follows:

1. Young migrants from the 10 EU Accession States (2004) (Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia)
2. Older migrants from the 10 EU Accession States
3. Africans
4. Roma (primarily Czech and Slovak)
5. Refugees & Asylum Seekers
6. New Immigrants

Table 3 Persons usually resident in Co. Clare-Male and Female

County of Residence	Co. Clare	Male	Female
Total	108,760	54,950	53,810
Total Irish	96,745	48,567	48,178
Irish	95,269	47,857	47,412
Irish Other	1,476	710	766
UK	3,742	1,880	1,862
EU15 excluding Ireland and UK	1,204	573	631
EU15 to EU25 accession States	2,421	1,530	891
Other European Nationality	572	328	244
America (United States)	582	273	309
Africa	984	505	479
Asia	667	350	317
Other Nationalities	603	325	278
Multi Nationality	62	26	36
No Nationality	35	18	17
No Nationality Stated	1,143	575	568

(Source: CSOc 12 July 2007: Table 35A, 35B and 35C)

1. Young migrants from the 10 EU accession states

Members of this group typically hold work visas. This cohort is usually highly qualified, and highly mobile, with loose networks of friends/acquaintances. This cohort also tends to be under 35 and gender mixed. Members tend to share accommodation in groups of single workers, usually in privately-rented houses. Good English language skills and a high level of educational attainment appear to contribute to relatively few problems for members of this group.

2. Older migrants from the EU accession states

Member of this cohort tend to be trade or craft workers, often employed in the construction industry. Members of this group typically enter the state with work permits. This cohort tends to be primarily male, and although it may comprise a spectrum of ages, the majority of older immigrants 40+ will be in this category. They tend to share houses in the private rental market, again typically as groups of single workers. However, in contrast to the younger group, poor English language skills and lower educational attainments may lead to difficulties if they need to access local services.

3. Africans

The majority of the African migrant community would have entered Ireland as asylum seekers, with a significant percentage going on to receive refugee status. Members of this group usually

comprise family groupings and would be engaged primarily in looking after children in the home. Africans tend to live in single familial occupancy in the private rental market, assisted by rent allowance. In our survey of 29 African refugees/asylum seekers, more than half were living in private rented accommodation, only two in council houses and four Nigerians owned their own homes. Africans have good English language skills and high levels of educational attainment. Amongst our Nigerian group of survey respondents, for example, five of the 15 held university degrees, five held post-secondary diplomas, and one had a civil engineering qualification.

4. Roma (primarily Czech and Slovak)

Roma families are well-established in Ennis. Statistical information in regard to actual numbers of Roma is scant. However, schools in Ennis estimate that the Roma population is in excess of 100, based on the numbers of children enrolled. Members of this community have been settling in Ennis for at least six years, first through the asylum process and later as members of EU accession states. Typically members of this community live in family groups, with no access to the labour market, poor language skills and low educational attainments. They often experience difficulties with work, health and accommodation. As the Roma are nomadic, it is not unusual for them to arrive in Ennis, travel around picking up seasonal work, and later move on to England and Europe.

5. Refugees & Asylum Seekers

Currently there is no breakdown of the number of refugees residing in Co. Clare. However, Ennis CDP estimate that there are 1,300 refugees and asylum seekers living in Ennis (Ennis CDP *Annual Report 2007*, p.5). In comparison to the decrease in national figures in recent years, the numbers of asylum seekers in Clare has remained largely constant. From the period of May 2005 to May 2006 numbers fluctuated between 364 in May 2005 to 304 in May 2006 (Finn 2006, p.11). The asylum seeker population in Clare is made up of those in direct provision in Clare Lodge, Ennis and those in Knockalisheen, Meelick. Respectively the capacities of each of these centres are: 65 and 300. Clare Lodge is a dedicated facility for housing single males, while Knockalisheen accommodates families, single females and single men.

6. New Immigrants (patterning across the County)

Aside from UK nationals, the European Union contributes a further 3-4000 immigrants including the Roma. Nearly 1,000 African immigrants live in Clare. Based on prior statistics, it is logical to infer that they constitute a significant proportion of the current asylum-seeker refugee population of around 1,300.

A further breakdown of available census data for towns (Table 4) highlights significant non-Irish born communities developing: in Ennis 3,743 or 16%; Shannon 1,578 or 17.6%; and Kilrush 276 or 10.6%.

Table 4 Persons usually resident (and present in their usual residence on Census Night) in towns of 1,500 or more inhabitants in Co. Clare classified by nationality

Town	Ennis	Shannon	Kilrush
Total	23,101	8,942	2,569
EU	2,047	847	205
Rest of Europe	229	174	2
Africa	634	122	-
Asia	194	291	9
Other	159	23	9

Source: CSOc 12 July 2007: Table 39

SUMMARY

- 2006 census data reports the overall population of County Clare as 108,760 of which 12,015 (or 13%) are non Irish born.
- Within the immigrant community, UK nationals are both the longest-standing and largest group (almost 4,000). Despite this, however, members of this group still feel that they are not completely integrated.
- European migrants (including the ‘old’ and ‘new’ EU accession states) represent the next largest group (of around 4,000), though their membership is more diverse and also includes a variable Roma population of between 300-400.
- Africans represent a small but significant minority (around 1,000)
- Other immigrants include people from the US and Asia
- Asylum seekers are the smallest group of immigrants (at just over 300)

Chapter 4: Research Methodology and Findings

4.1 Research Methodology

The field research involved both quantitative and qualitative methods: surveys and focus groups.

Regarding research on minority ethnic groups, Cotter (2004) in *A Guide to Published Research on Refugees, Asylum-Seekers and Immigrants in Ireland* notes: ‘Generally there is a need for a code of ethics for research in this field, one which takes intercultural and participatory action research methods into account.’ This viewpoint informed the approach to survey method.

Two survey questionnaires were administered. The first (see Appendix 4) was a self-administered questionnaire, completed by 82 language learners at the VEC. The second survey (see Appendix 5) was coordinated through the Ennis Community Development Project by two community liaison workers. The community liaison workers recruited 11 participants from the asylum seeking community to participate in the project as community field researchers. Participants for the research training course were recruited by public advertising.

The University of Limerick (PPA) faculty provided training in research methodology to the community field researchers, alongside UL master’s degree students in Ennis. The training took place over four evenings and included a pilot of the draft questionnaire. The training covered basic community research skills including key issues concerning: rights and entitlements with respect to public services for migrant communities; interviewing techniques and questionnaire design, data collection and interpretation. Course participants received a certificate on completion of the course.

Following training, field researchers and UL students were paired to conduct the questionnaires in the field to 52 refugees and asylum seekers. The list of nationalities represented amongst the respondents included but was not limited to Ukrainian, Nigerian, Ghanaian, Sudanese, Russian, Somali, Cuban, Guatemalan, Cameroon, Bangladeshi, Sierra Leone, South African, Mali, Democratic Republic of Congo, and Georgia. 8 of the 52 respondents preferred not to have their nationality denoted in the report for reasons of confidentiality.

Once the surveys were completed, the fieldworkers received training at University of Limerick in how to input the survey data using SPSS software. The participatory approach was crucial to the success of the survey.

Self-administered questionnaires were distributed through VEC English classes for migrant

workers and we received 82 completed questionnaires for analysis. Of these, the largest number, 29, were completed by Polish nationals. Other nationalities represented in this survey included Brazilians (14), Latvians (5), Lithuanians (5), Russians (3), Portuguese (3), Slovaks (3), Kosovans (2), Nigerians (2), Croatians (2), and Bangladeshis (2), as well as one citizen each from France, El Salvador, Tanzania, Sudan, the Netherlands, Morocco, Romania, Hungary, Bulgaria and Turkey (see Table 5). In certain cases, particular questions were left unanswered and so in our reporting of the findings from the surveys the total of responses will be less than the total of completed questionnaires.

Table 5 VEC questionnaire respondents by nationality

No. of Participants	Nationality
29	Polish
14	Brazilians
5	Latvians
5	Lithuanians
3	Russians
3	Portuguese
3	Slovak
2	Kosovo
2	Nigeria
2	Croatia
2	Bangladesh
1	France El Salvador Tanzania Sudan The Netherlands Morocco Romania Hungary Bulgaria Turkey

In addition to the surveys, thirteen structured focus groups (see Appendix 2) were organised with different categories of service providers in Co. Clare, and with migrant workers, asylum seekers and refugees residing in the county.

The focus groups were designed, monitored and facilitated by the Department of Politics and Public Administration at the University of Limerick. The planning and support of the focus groups was undertaken in cooperation with members of the Inter-Agency Steering Group and the HSE Community Development Service. A number of themes were explored. Dedicated

focus groups were organised to discuss the themes of: Housing and Accommodation, Health and Welfare, Education, and Social Integration. The other focus groups addressed these themes and also looked at the theme of Work.

All focus groups except one were recorded and transcribed, and notes were taken during every session.

The research was overseen by an interagency steering committee and included a person going through the asylum process.

Limitations of the Research

Significant gaps in the research need to be noted. A focus group to be attended by secondary school educators was planned, but did not take place as it coincided with the school holiday period. Certain key groups were not represented in the focus groups, nor were they among the respondents who supplied information about their experiences through questionnaires: members of the Roma Community represent an especially important omission and the researchers had to depend on perceptions about the needs of this community from service providers.

The researchers' efforts to make contact with the Reception and Integration Agency (RIA) were unsuccessful during the period of active research therefore; this document does not reflect the RIA's comments. However, the RIA has since reviewed the final draft of this report and has submitted their commentary which is contained in the postscript to this document.

4.2 Findings

The research findings and discussion are organised here under the following headings:

- Work
- Accommodation - Community
- Accommodation - Direct Provision
- Health
- Education
- Language Acquisition
- Social Integration

4.2.1 Work

From the profile of the immigrant population of County Clare in Chapter 3 it is possible to identify newly-emerging immigrant patterns in the county.

This section discusses the significance of immigrant status for immigrant experiences of work. The primary source for information about the ways in which differences in visa status can

affect work experience was from the focus groups conducted with migrant workers in Kilrush (7 June 2007), Ennistymon (28 May 2007) and Scariff (1 June 2007). The researchers did not ask respondents in surveys to report on their immigrant status, because of the concern that such a question might be viewed as overly intrusive.

Differentiated work status and experiences

Essentially, it seems that there are quite different immigrant experiences in relation to work relating to immigrant status — as a migrant on a work visa, or a work permit, or as a refugee.

Migrants on work visas

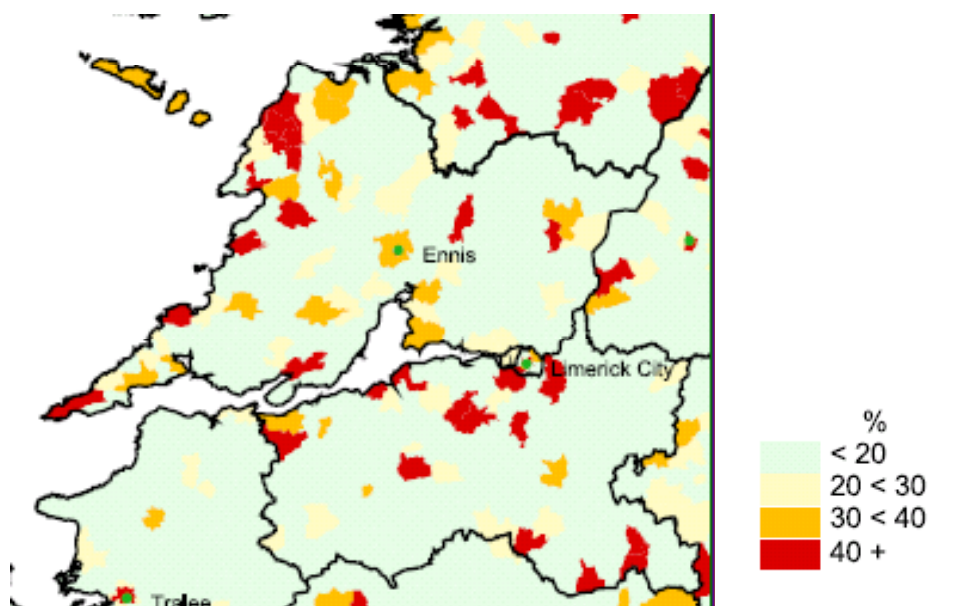
This group typically comprises younger, well-qualified workers with good English language skills (or the ability and willingness to acquire language), for whom the immigrant experience is largely positive. Many graduates travel to Ireland and meet up with friends, or make new friends from their own country, but seem equally able to make new Irish friends. This cohort reports in the research that there is ‘plenty of work in Ireland for anyone willing to go get it’. Many reported accepting jobs below or inappropriate to their education and skills as a means of learning the language, then working through a series of jobs to attain employment more appropriate to their level of skill and qualifications. This is a highly mobile and well-motivated workforce, whose members typically reserve judgement on whether or not they will stay in Ireland in the longer term.

Migrants on work permits

Whereas those who enter on work visas can bring their family, those on work permits cannot. For this group of immigrants the employer owns their permit and so the tendency is for these workers to be more dependent on their employer and less likely to complain about work conditions. Most usually, the research highlighted that in Clare those on work permits are single males, who send most of their money back home. This means that their opportunities for engaging with the local community are more limited, and when workers visit very small communities, this has a significant knock-on effect on their capacity to integrate (their local ‘status’ in the community). Moreover, there is a strong sense that the work experience is quite different for different ethnic groups.

An examination of local statistics for work permit employees shows that from 2002 – 2005 the numbers of work permits issued halved from 1,230 to 622. The map (Figure 6) shows the dispersal of non-Irish national workers throughout Clare in 2006 in the hotels and restaurants sector.

Figure 6 Percentage of non-Irish nationals employed in hotels and restaurants in Clare 2006*



(Source: CSO 2007, p.16 * As a percentage of the workforce in each electoral division)

The main immigrant population clusters, with 30% or more non-Irish workers, are generally areas with high levels of tourism — Spanish Point, Kilkee, Kilrush, and Lahinch.

In addition, at the time of the survey a significant amount of construction work was underway across the region (in Ennis, and in Moneypoint) which employed Eastern European workers. Sub-contracted work teams were reportedly very common. Many workers employed in this way ‘would have absolutely no contact [with Irish workers] and would even eat and have their tea breaks in a separate area to the Irish’ (Ennis Ethnic Minorities Focus Group, 28th May 2007).

‘I would know some lads who are here nearly three years, their English is so little, but they are very comfortable in what they do: they work, they think that in another two years they’ll be able to go back, buy land and build a house in their own country’ (Ennis Ethnic Minorities Focus Group, 28th May 2007).

Though this may seem like a satisfactory temporary arrangement, there is always the potential that the situation may last longer than expected. In these cases, such cohorts of workers are particularly vulnerable in terms of accessing rights and entitlements.

One Polish woman in her twenties (on a work visa) recounted that her father had worked temporarily in Ireland, sending money home to the rest of the family. Though she explained to him that he was not getting as much money as he was entitled to (in terms of minimum wage, overtime payments etc), he did not want to make a fuss when he believed that he was earning more money than he would have done at home (Ennistymon Focus Group, 28th May 2007).

Additionally, a significant group of largely female workers are employed in hospitals as nurses and care workers. These workers (often from the Philippines or south east Asia) are usually recruited by agencies on 3 – 4 year contracts, and are typically supporting (extended) families at home. They tend to share houses together and do not go out. Their language skills are competent but limited, and they tend to lead a very isolated existence (Health and Welfare Focus Group, 21st May 2007).

Refugee issues

The data does not allow the researchers to make general observations about all refugees. Work issues were raised only in focus groups drawn from the refugee community, but invariably the comments came from the African refugees, the predominant group amongst our respondents. African refugees report considerable difficulties in accessing jobs. Although many immigrants from all backgrounds are employed in positions below their own educational/skills level at home, African refugees find it hard to obtain any employment at all. Their experiences related to job-seeking and work that were reported in focus groups were typically negative: it was a commonly-held view that would-be employers were alerted to and put off African applications, before ever meeting the applicant, because of the ‘foreign-sounding’ names. Several African participants in focus groups spoke about being turned down for jobs, only to find that other immigrants without language skills had been accepted: it was suggested that this was an issue of racial prejudice. One woman recounted the experience of handing in her CV to someone behind a desk in an office that had invited job applications, only to see it ripped up and thrown in the bin as she exited the office and passed by its front window (Ennis Ethnic Minorities Focus Group, 28th May 2007).

Africans in the focus groups argued that the reluctance of Irish employers to employ African workers often stems from ignorance, and it was suggested that this lack of knowledge should be tackled from the top down. Respondents perceived that many employers were not aware that English is commonly a first language in African states. Equally, their perception was that employers were unfamiliar with African qualifications and training etc. Many Africans remarked that Irish attitudes towards them were anachronistic and inappropriate: Africa is seen as ‘one country’ characterised by a number of inaccurate stereotypes.

The questionnaires revealed similar experiences: one African employee was told ‘Black man, go back to your country, you come here to steal our jobs’. Another job applicant was told that Irish people wouldn’t like her because of colour when going for an interview. In our survey of asylum seekers and refugees, of the 31 respondents who had the right to seek employment through having obtained refugee status, leave to remain or residence rights through their Irish-born children, seven respondents, all African, reported discrimination when seeking employment.

However the surveys did not assertively seek to elicit positive workplace experiences, so the overall picture they create may be too negative.

Self-administered migrant questionnaires

A group of 82 migrant workers attending English language classes in Clare completed questionnaires for the research. Their experience tends to support these generalisations (see Table 6). This group was primarily drawn from the work visa category. One third of the group (25) were Polish and another 17 came from EU accession states. Fourteen were from Brazil, after the Poles the largest single national group. About half were aged between 18 and 30 years, and 80% were aged under 40. About two thirds had third level education qualifications, both academic and vocational. In their home countries, 27 worked in highly-qualified white collar occupations, including the professions.

Table 6 Migrants – Employment in Ireland

Nationality	Hotel or Restaurant	Other service	Unemployed	At school or college	Factory, Manual and craft	Clerical	Construction	Prof or technical	Total
EU Accession	13	12	8		5		3	1	42
Other European	3		1	1	1		1	1	8
Russian				2					2
African	1		2	1		1			5
Brazilian	7		2		2		3		14
Salvadorian	1								1
Asian	1		2					1	4
Total	26 (34%)	12 (16%)	15 (20%)	4 (5%)	8 (11%)	1 (1%)	7(9%)	3 (4%)	76

(Source: Project Survey of Migrants attending English Language Classes in Clare)

Typical problems as perceived by survey respondents/participants in focus groups

Employer attitudes

The range of reported negative employer attitudes encompassed a spectrum of behaviour that ranged from basic lack of sensitivity to workers from ‘different’ backgrounds, to the transferral of broader societal prejudices to the workplace. This leads to quite different work conditions for different ethnic groups.

Examples of basic insensitivity most commonly related to a lack of understanding in relation to different social/cultural/religious norms – typically expressed via a lack of accommodation or respect in relation to different ethnic or religious conventions (whether these related to smoking or non-smoking, abstinence from tea or coffee, dress codes or culinary preferences).

It was reported in the focus groups that it was not uncommon to find employers preventing ethnic workers from speaking their own language at work. In one instance, a Polish shop assistant recalled that she was not allowed to speak Polish to a Polish customer because the shop manager did not want any Polish spoken in his shop. In the Ennistymon focus group (28/05/07) some participants explained that they were not allowed to speak Polish at work, even when serving customers who were Polish, or when talking amongst themselves. This was also found in some responses to the self-administered questionnaire.

The more significant examples of racial prejudice tended to be experienced by African immigrants, though it was suggested that in this matter employers were simply reflecting broader societal prejudices and racist attitudes. One African worker recounted being denied a job in the local tourist office on the grounds that tourists ‘would not be able to understand her’.

In some cases, it was suggested that difficulties in work experiences had occurred because immigrant employees were unfamiliar with typical Irish work practices, which they had misconstrued as discriminatory. The example was given of a man working in a company where all incoming post was opened in the morning, leaving only letters marked ‘personal or confidential’ to be opened by the person named on the envelope. Without knowing that this is conventional company policy in many workplaces, an immigrant worker could very easily feel that they were being treated unfairly or with disrespect if mail addressed to them was opened by someone else. In the same vein, a number of Irish linguistic mannerisms can also be quite confusing (indirect questions, instructions and so on).

In the survey, three respondents reported discrimination when seeking employment, four felt they had been treated with disrespect while at work, and four reported that they had been treated in an unfairly discriminatory way in the workplace. These represent small minorities of the overall group of 82; references to discrimination were much more widespread in the focus groups assembled from migrant workers.

Potential initiatives

There is clearly a need for greater provision of information about basic employment rights, though there also appears to be a need for a more broadly based and basic introduction course on ‘orientation to working in Ireland’ – which might cover a range of issues including: concrete rights and entitlements, but also less concrete issues such as Irish workplace conventions. This was regarded as important so that immigrant workers could:

‘process for themselves what is discrimination and what isn’t and what you can expect because sometimes [difficulties arise] around making comparisons about how it works at home when it’s not working the same here’ (Ennis Ethnic Minorities Focus Group, 28th May 2007).

Compared to other policy spheres, it must be conceded that employment is one area in which mainstreaming has been addressed. For example, the Department of Trade, Enterprise and Employment provides information on employment rights in 11 languages, and FÁS, Ireland's State training and employment agency launched a comprehensive 'Know before you go' information resource in 2005 in Czech, German, Estonian, Greek Cypriot, French, Polish, Latvian, Lithuanian, Hungarian, Maltese, Slovakian and Slovenian.

SUMMARY

- Migrants on work visas tend to have the most positive work experience. This is because these migrants are, for the most part, often younger, relatively well-qualified and voluntarily mobile workers.
- For migrants on work permits, the immigrant experience of work is more variable. In County Clare, there are substantial clusters within this group of migrants working in the hospitality, construction and nursing sectors. Their 'dependent working status' makes this group of workers less autonomous and more vulnerable.
- A significant number of refugees from the focus groups, typically African and/or Muslim, believe that they are being discriminated against in relation to obtaining or maintaining work.
- Where difficulties with employers are reported, these tend to stem from a basic perception that there is an inability and/or unwillingness on behalf of the employer to acknowledge that an ethnically diverse workforce may require differentiated workplace consideration.
- Some of the difficulties that respondents experienced in employment may stem from a basic lack of understanding on their part about formal and (perhaps more importantly) informal conventions in the Irish workplace.

4.2.2 Accommodation in the Community

Accommodation patterns vary across the region and between different immigrant communities, but nearly all immigrants are housed in the private rental sector. From the groups we surveyed, both the migrant workers and the refugees, this was evident. None of the migrants lived in housing provided by the local Council and only four out of 36 refugees lived in Council houses. Of the migrants we interviewed in the survey, most lived in single family occupied rented houses (31) or single family rented apartments (22) or stayed with friends. Not all asylum seekers live in hostels; but those in private accommodation arrived before 2000 (see Table 7).

Table 7 Types of accommodation: migrants, refugees and asylum seekers compared

	Self Owned	Single Rented (Pte)	Single Rented Council	Shared House	Staying with Friend	Apartment	Shared Apartment	Hostel
Migrants	2	31	0	14	9	22	2	0
Refugees	5	15	4	1	0	8	2	1
Asylum Seekers	0	4	0	2	1	2	0	9
Total	7	50	4	17	10	32	4	10

25 out of 52 refugees and or asylum seekers received rent allowance. However, only eight out of the 82 migrants we interviewed got rent allowance. One sixth of the refugee group lived in self-owned houses.

From our immigrant focus groups the following features emerged that appeared to be common to all immigrant experiences:

- High degree of mobility – The focus group testimony indicated that immigrant groups moved house very frequently, an effect of living in private rented houses.
- Predominant form of accommodation was in the private rental market. These arrangements were usually short-term rental contracts. Under such arrangements, residents could be asked to leave on short notice.
- Migrant workers who typically do not apply for rental allowances and often rent a house room by room. This is an arrangement that increases the landlord’s rental income. The Ennis Immigrant Focus Group (28th May 2007) supplied this information. Local authority landlords attended a focus group on accommodation. The researchers were unable to access landlords in the private rental section due to time constraints.

- Difficulties with rent allowance – Many interviewees suggested that the rent allowance is not enough and that many landlords do not want to deal with rent allowance. Those who do, often come to an informal arrangement whereby the rent exceeds the rent allowance, but tenants can pay the landlord the difference. In these quasi-legal arrangements, tenant rights are less clear-cut. For those who do not make these kinds of arrangements, many interviewees spoke of the difficulties in relation to delayed payments to landlords, which may also lead to eviction. While, it is important to note that rent allowance is also an issue for many Irish Nationals, it may add to the inherent particular vulnerability issues in the ethnic minority communities.
- Problems with integration – Many immigrants reported that they had moved as a result of difficulties with their Irish neighbours. They reported that name-calling and racial abuse are common. Focus groups revealed many incidences of ‘low level’ harassment from Irish neighbours towards immigrants including: name calling, unwarranted complaints (for noise, parking etc), refusing to let children play, creating public disturbances etc. There was much anecdotal evidence to suggest that *Gárdaí* treat complaints in relation to all of these kinds of incidences quite differently depending on whether the complainant is perceived to be ‘Irish’ or ‘foreign’.

One interviewee came home to find the *Gárdaí* helping his landlord to carry out all of his belongings to leave them outside the house in plastic bags — but as soon as he tried to photograph the *Gárdaí* assisting his landlord, they left.

For all of these reasons, it appears that the perception of many immigrants is that Irish landlords in the private rental sector are able to behave more or less as they please. Their perceptions include:

- That they can be evicted at will and without notice.
- That the landlord may put up the house for sale without notifying the occupying tenants.
- That landlords seek highest rents, either on a room-by-room basis, or by informal arrangement over and above the rent allowance.

It seems likely that this kind of treatment by landlords of immigrant tenants can be concentrated in certain areas that are now seen as immigrant ‘ghettoes’. Because the houses are occupied by transient groups or by families who have no security of tenure, they can quite rapidly assume a neglected appearance. One resident in such an area told a focus group about ‘a part of the estate that has been left to go to seed, where nobody speaks English’ (Social Integration Focus Group, 17 May 2007).

Efforts to promote integration

Certain initiatives have met with success. One Residents' Association organised the following series of community events to promote integration and to protect the area from ghettoisation for homeowners:

- Organised a collection to support a visit by Santa to all children on the estate, ringing a bell and knocking on doors. Notes sent around prior to event, lots of photos taken.
- Prepared local booklets on local services (where to get plumbers, mechanics etc)
- Christmas music recital with local and immigrant musicians, mulled wine and chocolate for children.

The impetus for these events may be both altruistic and self-interested. Some home-owner residents expressed the view that this kind of community work was a way of protecting their property assets, but, it was suggested that the home-owners participate 'with a very good heart':

'I think there's a huge interest in getting to know the people and seeing what's different, what's new, what's interesting and nowadays we borrow ladders from each other or we ring plumbers for each other, all of that [-] if there's somebody stuck for something they will know who to come to within the Residents Association – have you got a number for? Can you help us with? That sort of thing' (Social Integration Focus Group, 17 May 2007).

SUMMARY

- Immigrants tend to live in private rented accommodation.
- They move home frequently, partly because of short-term tenancy contracts and also because of pressure from Irish neighbours.
- Rent allowances are often insufficient to pay the rents charged by landlords.
- Because of the difficulties refugees experience in finding adequate low- rent accommodation, they are often compelled to live in poorer neighbourhoods that are in danger of becoming segregated from the larger community.
- There has been some effort by local communities to help the newcomers to integrate into the community

4.2.3 Accommodation: Direct Provision

Since April 2000, all arriving asylum seekers are accommodated in what is termed ‘direct provision’. Under this scheme they are provided with full board (3 meals a day) and a ‘comfort allowance’ (€19.10) already mentioned. Each asylum seeker is entitled to a medical card. They can also apply for exceptional needs payments that are at the discretion of the Community Welfare Officer. By the end of April 2007, there were 5808 asylum seekers in 56 direct provision centres (2 reception and 45 accommodation centres, see Table 8). Two centres are state owned Knockalisheen Accommodation Centre in Co. Clare and Kinsale Road Accommodation Centre in Cork are State owned.

Table 8 Breakdown of status of RIA residents as of 31st March 2007

Date	Families*	Single Male	Single Female	Total
31/03/2007	3090	1996	722	5808
30/04/2007	3104	2017	745	5866

*Families (including single parents and childless couples)

Within the HSE Mid-West region, Table 9 illustrates the most-recent breakdown of asylum seekers accommodated by the RIA as percentage of population (RIA 2007).

Table 9 Breakdown of asylum seekers in RIA accommodation in HSE Mid-West Region

HSE Mid Western Area	County	Population 2006 Census	Current Capacity	Capacity as % of Population
HSE Mid-West	Total	361,028	705	0.20%
	Clare	110,950	365	0.33%
	Limerick	184,055	340	0.18%
	Tipperary North	66,023	0	0.00%

Direct Provision has been criticized by organizations such as Amnesty International, the Irish Council for Civil Liberty (ICCL), Conference of the Religious in Ireland (CORI) and other community and voluntary groups that work with people in the asylum-seeking process. Loyal (2003, p.79) notes that asylum seekers on direct provision represent the poorest of the poor:

With an income which is below twenty per cent of the national household average income, they live in cramped conditions, sometimes with three or four individuals or a family sharing one room, and those living in remote areas in Ireland often have little social and cultural support... Their presence marks the nadir of the putative values of the Celtic Tiger: they are marginalized, excluded, poor and, in many respects, they lack freedom.

In January 2007, the 270 asylum seekers at Knockalisheen began a two-day hunger strike because they were unhappy with living conditions at the former army barracks. 'People outside the walls of Knockalisheen don't know how we live. It's a prison. Animals should live here, not humans' (Sheridan, *The Limerick Leader*, 9th January 2007). The 270 asylum seekers at the Meelick centre in Co. Clare were housed in six blocks, with as many as four people, including two children, sharing.

A letter dated on January 9th 2007 to the Department of Justice listed a range of concerns including the management of the centre, meals, cleanliness and accommodation, and claimed that the management had 'bluntly refused any forum where these complaints could have been discussed and tackled' (*The Limerick Leader*, January 9, 2007). 'In meals, we find foreign objects such as hair strands, broken plastic shards, rough particles of shells especially in bean porridge served. Only one toilet roll is given out once a week, which is not enough because before the week runs out it finishes. Then you are asked to wait till the next date of supply, which we find inconveniencing' (Sheridan, *The Limerick Leader*, 9th January 2007). Participants in the Knockalisheen Focus Group (13th June 2007) supplied corroborative detail on these events.

How many residents and who are they?

Direct provision in County Clare comprises two facilities. Clare Lodge is located in Ennis and provides accommodation for 67 single men. Knockalisheen has provision for 270 residents, a mix of single men and families. The findings in this section are drawn from information supplied by a focus group of residents at Knockalisheen (13th June 2007) and therefore it does not reflect the experience of residents at Clare Lodge. It is further noted that the findings reflect the perceptions as articulated by the residents and do not include any information by way of commentary from the Department of Justice, the Reception and Integration Agency or Centre Management (Refer to postscript of document page 98).

At the beginning of July 2007, Knockalisheen Centre accommodated 263 asylum seekers. This group included 55 families. Mainly mothers and children constitute the community; seven of the women were pregnant. Most families include two or three children; sometimes the father is present but often he is not. At the time of the research, one hundred children were resident at Knockalisheen. The residents represent 42 nationalities, including 21 African countries. East Europeans also make up a significant proportion of the population. Accommodation of single men was reinstated in 2003 after the closure of another centre, and has remained in place even though several younger women reported feeling threatened by their presence, and stated that they had complained to service providers (HSE Service Providers' Focus Group (SPFG), 19th June 2007). In the Focus Group attended by Knockalisheen Residents (RFG) participants had lived at the Centre for periods that ranged between six months and five years: five years is apparently not uncommon. The asylum process can take a number of years.

Description of Knockalisheen accommodation

Generally residents live in partitioned rooms, sharing a toilet and shower cabinet with one other family, two families to a room with a partition between them. If full families are accommodated, that is families with a father present, then they occupy a full (double) room but the family must include four people to qualify. Rooms are furnished with beds and wardrobes and a small television set. The rooms are heated; in general focus group participants confirmed that the Centre was well heated during winter months. Residents can lock their doors but management retain key cards. Several rooms will share a block kitchen, equipped with a microwave oven. In the case of single adults, three will share a room.

Residents are not allowed to invite visitors from outside the Centre directly into their rooms¹⁵. A security officer must escort their guests to and from the room, though participants in the service providers' group suggested that the implementation of such security measures is uneven. Residents are not allowed to exchange rooms so that they can share their living space with friends. Moving between rooms cannot be authorised by local service providers or by the Centre management. Room changes have to be sanctioned by the Reception and Integration Agency and/or the Department of Justice (Service Providers Focus Group, 19th of June, 2007). The Centre's managers do have the authority to check rooms when residents are absent, to ensure that prohibited items such as irons, cooking utensils or crockery are not being kept in the rooms. The shared kitchens are not equipped for the preparation of full meals, nor do they have refrigerators or personal lockers. Residents are not allowed to keep food in their rooms. Several of the participants referred to a 'food raid' last year in which all the rooms in the Centre were searched for food supplies.

Room-sharing arrangements were a focus of complaints among the residents assembled in our focus group:

'I just wanted to make a statement about the problems we are having in sharing. The first thing is that we share one door; we use one door into the room. If I and my roommates have some visitors, we are different people from different countries and we have different customs and there is no way that we are going to live in peace in one room. In that room, as we are using the bathroom, we experience differences. It is not even healthier for me to stay on the other side of the room because the bathroom smell comes into my room. So it is not healthy' (Knockalisheen Residents Focus Group, 13th June 2007).

In research undertaken by the HSE (Collopy 2007) through consultations with children, a

¹⁵ DJELR RIA Direct Provision Reception & Accommodation Centre Services, Rules and Procedures (2005) state that 'All visitors report to Reception and sign in and out. No visitors are permitted between 10pm and 10am, unless in exceptional circumstances and in agreement with Management. Visitors under 18 should leave the centre by 8pm unless accompanied by a guardian. Visitors must adhere to the House Rules, which includes signing a declaration agreeing to adhere to the Centre's Child Protection Policy. Visitors must be received in designated areas. The management reserves the right to refuse entry to visitors.'

group of Knockalisheen children were asked to design homes. Not one of the thirteen children designed homes with a lounge or kitchen. For them, as their designs indicated, the priority was a separate bedroom. The exercise helped to underline the major problem that arises from the kind of accommodation that is provided: it imposes an impoverishment of family life, and as both the children's designs and the focus group's complaints suggest, the lack of privacy is felt deeply. The kind of shelter supplied by Knockalisheen might constitute a reasonable temporary provision but it represents a considerable deprivation for families who have to live at the Centre for several years.

Facilities for children and young people are an issue. There is no indoor playroom for children. In the summer when it is dry, children can play outside: there are swings and other playground equipment. There is a pre-school crèche that is open for two hours in the morning and two hours in the afternoon on weekdays. It can only take 15 children at most, and there are many more children of pre-school age. According to the residents, the crèche is only supposed to be used by parents who do courses – it is not intended to accommodate all pre-school children. There are preschool facilities in nearby Moyross and there are summer camps as well, but residents in our focus group did not mention these, and it is unclear if these are available to Knockalisheen residents.

There was a playroom, but it was turned into an adult recreation room after the men's arrival in 2003. The room is now equipped with a pool table. Respondents reported a number of incidents where children were harshly discouraged from entering the room. After a series of such incidents, the Centre's management prohibited the children from entering the playroom, an embargo that managers have maintained despite complaints about the lack of children's play facilities. Service providers, when they raised the issue and asked for a prefabricated mobile unit for the children's play, were told that there are no long-term plans for Knockalisheen, it is temporary accommodation, and therefore there cannot be any fresh investment in additional facilities (Service Providers Focus Group), 19th of June, 2007).

Food

The Centre provides three meals a day: breakfast from 8am-10am; lunch from 12pm to 1.45 pm and supper from 5pm-7.00 pm. Breakfast includes cereals, toast and fruit. Residents suggested that rice is the main staple for the two main meals, and service providers confirmed that the menu is designed to meet African expectations, a source of dissatisfaction amongst Eastern European residents. Eastern European children complain that 'they are sick to the death of eating African food – it is either African food or burgers and chips' (HSE Service Providers Focus Group, 19th June 2007). Africans made up most of the Residents Focus Group and they too disliked the catering. Muslim women had especial concerns:

‘Always I have a problem with the food in the dining room. For the lunch for example and the dinner because of this pork. Because we are Muslims we do not eat pork ... In the whole place there is pork, everything. If you do not eat the pork how do you eat in that place? This is a big problem because sometimes when I go to the dining I’m hungry all the time and when I go I can’t eat, I just take bread and I go back’ (Knockalisheen Residents Focus Group, 13th June 2007).

According to residents, turnover among the canteen workers is high and ‘virtually every month they are bringing in and out new staff’. When new staff arrive they have to learn about the special needs of residents and ‘by the time they learn they start to get problems and they leave and another one comes in’:

‘We are the ones eating the food. Like for me rice is my basic food, I can eat rice three times a day if I want to...,but the method of cooking of it they will just boil the rice and they put (it) in an oven to bake. We are the ones eating the rice we told them okay this rice we want the rice but this is the way we want to eat it’ (Knockalisheen Residents Focus Group, 13th June 2007).

The researchers acknowledge that catering for such a diverse group on a limited budget must represent a considerable challenge. Improvements to the way food is prepared and more choices in the menu may be insufficient to address all the problems that arise from the way that meals are supplied. As was pointed out by service providers, the fact that parents are unable to cook for their children deprives them of a vital family function. Service providers also allege that mothers do hide food – especially baby food – and they store perishable provisions in the communal kitchens in poor conditions. Children complain that the canteen is closed when they return from secondary school and they haven’t eaten the school lunch (Service Providers Focus Group, 19th of June 2007).

Women who live under these conditions for several years at Knockalisheen have very few ways in which they exercise any autonomous management over their own households. They cannot budget for food, and even other basic necessities are supplied in a fashion that deprives them of basic decision-making. For example, residents receive a weekly issue of toilet tissue on set days each week, as well as standard quantities of disposable nappies. Toothpaste and soap are supplied monthly. The issue of these provisions is another focus of discontent: if residents exhaust their supplies they have to wait until the next issue day. Residents do their own laundry in a room with ten machines and ten dryers. The machines are free, but they are in continuous use and require frequent maintenance. Residents are not allowed to keep their own irons: when they need these they must borrow them from the management. Management has

also forbidden residents from installing their own television satellites and several satellites were taken down. The satellites had enabled residents to watch television programmes from home (Service Providers Focus Group, 19th of June, 2007).

An increasingly adversarial relationship between managers and residents erupted into an open confrontation at the start of 2007. A group of residents demonstrated by marching to the gates with placards, and representatives of the residents spoke to journalists from local newspapers and the RTE. The incident was reported quite widely. The main issue that animated the protestors was the poor quality of food at Knockalisheen. Protestors refused to use the dining rooms that day, and organizers of the protest stopped other people from taking their meals. The demonstration was peaceful, though comments from the Resident's Focus Group suggest that some of the residents felt under pressure to participate. Focus group members also insisted that the two people mainly responsible for organizing the demonstration had been subsequently transferred from Knockalisheen to another centre. Participants reported that the threat of transfer is used by Centre managers when residents confront them with complaints or requests for changes (Knockalisheen Residents Focus Group, 13th of June, 2007).

Health and health services

Residents are offered medical screening on arrival for infectious diseases. This procedure is voluntary, and the residents are advised that the results will be confidential, only to be seen by their GP. Medical workers often encounter anxieties when they ask if they can take a blood test. Residents are advised of GP services on arrival and given a medical card, but if they wish to they can change their GP through an application to the Community Welfare Officer. Most residents register with the GP who visits Knockalisheen twice a week, on Tuesdays and Fridays, though they have been changing more frequently recently. Members of the Residents Focus Group felt that treatment by the GP could be rather perfunctory: 'once you are going and you are complaining to him he's already opening the door for you to go out' (Knockalisheen Residents Focus Group, 13th of June 2007)). They also felt that Centre management might penalise any people who tried to register with a different GP: 'If you want to change GP they will threaten you that if you change [GP] if you take a GP in the city if anything happens to you, we will not call you a cab, they will tell you that plain, we will not call you a cab' (Knockalisheen Residents Focus Group, 13th June 2007).

In addition to the consultations provided by the GP, a Registered General Nurse visits the Centre every weekday. Members of the Residents focus group were unanimous that the nurse was sympathetic and helpful, as well as willing to take up their concerns with management. If an adult is ill on days on which the doctor is absent, they must travel to Limerick and Centre management will book and pay for taxis at times outside the free bus schedule. The main

difficulties with this arrangement arise if a mother has two or three small children and she is sick. She may have to take them with her to the A and E if no friend is available to look after the children. According to the Service Providers Focus Group (19th June 2007), this has been an ongoing issue that surfaced regularly.

Members of the Service Providers Focus Group (19th June 2007) also stated that psychological counselling is a major health requirement of residents, and health workers did not feel the need was being addressed adequately. It was generally agreed in the group that the uncertainties attendant upon the appeals procedure, crowded living conditions and enforced inactivity imposed by the life at the Centre contribute to high levels of stress and anxiety amongst residents. In addition, many of the residents arrive at the Centre traumatised by the experiences that compelled their departure from their home countries. Members of the residents' focus group had shared rooms with people who slept badly or who had violent nightmares reliving their experiences of civil war and other kinds of violence.

School and adult education

Children of school-going age attend school in Meelick, Co. Clare and Limerick City. They are collected by bus. On return from school they complete their homework in their rooms. No separate study space is available, the residents in the focus group reported. The After Schools Cohesion Project provides an 'after school project', but 'it's running on an absolute shoestring' (Service Providers' Focus Group, 19th June 2007). Parents receive money so that they can buy school uniforms, but not for the work-books that are a requirement for many lessons. They must purchase the workbooks from their 19 Euro weekly allowance, which many residents perceive to be an unfair imposition: 'This 19 Euros we are having, we subsidise too much, we use it for so many things' (Knockalisheen Residents Focus Group, 13th June 2007).

According to the service providers, children are not allowed visitors from outside the Centre, and this obviously curtails any prospects they may have of making friends at school because their classmates cannot visit them (Service Providers Focus Group, 19th June 2007). The children travel to school by bus; parents do not collect their children from school (Service Providers Focus Group, 19th June 2007). This too is socially limiting, because, as has been evidenced from the experiences of other asylum-seekers who do not live in direct provision accommodation, contact with local people through the social connections made by their children at school and through their meetings with other parents are often the main way in which they develop friendships beyond the asylum-seeking community (Service Providers Focus Group, 19th June 2007). Contact with teachers is minimal, apparently, because parents visit the schools so rarely. Knockalisheen children have few incentives to study, in any case, because effectively, third level education and training is denied to them, because as non-EU nationals the fees would be much too high.

‘Teenagers, when they do their leaving cert, if they want to go on to third level they need to pay. They’re not part of the European Union so they need to pay huge amounts of money to go on to third level education. I’ve been speaking to some of the teenagers in the fifth year, and I ask “What are your aspirations?” They all wanted to go on to third level but they said that it won’t happen because they have no status. There’s no money either so it’s like why bother studying? Because what’s the point? You won’t be able to work; you won’t be able to continue with your education so you’re just left. The reason that they go to school is to get out of Knockalisheen. Because they say “You’re out of there from nine till half three, four o’clock”’ (Service Providers Focus Group, 19th June 2007).

Even so, the children, especially the teenagers, value school, because through attending school ‘they can get out of Knockalisheen’. For this reason, they cannot look forward to summer holidays:

[...] Their major concern was the summer time. You know teenagers, ‘what are we going to do this summer?’ They were tearing their heads about because they were not going to get out working part time summer jobs like the other kids at school. ‘None of our friends are allowed to come up and see us, we’re isolated we can’t get out to them because you have to go all the way on a special bus time’. They said that the summer, they were really dreading the summer (Service Providers Focus Group, 19th June 2007).

Some of the adults attend language classes at the Adult Education Centre in Limerick, and the VEC also provides classes at the Centre. Doras Luimní, a Limerick based voluntary organisation, provides legal advice, language classes and also tries to arrange opportunities for voluntary work to be undertaken by the residents themselves.

A Health Education Programme established by the HSE has run a special Knockalisheen project. So far it has organised three activities: training women to participate in a marathon at Moyross, running dance classes, and starting a woman’s basketball team. In this latter undertaking, the aim is to work with the Limerick Sports Partnership to arrange fixtures with other local clubs, ‘to try to integrate them really – there’s no point in having them play only against refugees and asylum seekers’ (HSE Service Providers Focus Group, 19th June 2007). The Clare Youth Service provides services for young people aged 12-25, including: youth information; representation of youth interests; and, the organisation of youth clubs and community activities.

Direct Provision: Main Findings

More than 250 asylum seekers live at Knockalisheen. Families are provided with a measure of privacy though in their partitioned rooms they live in very cramped surroundings. Meals

and laundry facilities are communal. Basic health care is supplied through the presence of a nurse five days a week and a doctor who visits twice a week. Social facilities are limited to a recreation room used by men and outdoor play equipment for children. A number of agencies provide classes and organised activities. Residents are supplied with set quantities of toiletries and disposable nappies for infants. There is a free bus service that runs several times a day to and from Limerick.

There are obvious ways in which the quality of life at Knockalisheen could be improved. Additional support for more social activities would represent a good investment: the undertakings mounted by the Health Education Programme have engendered an enthusiastic response. A safe and properly equipped play-room for children represents an urgent need. Also, given the crowded nature of the accommodation supplied to families, the Centre should also set aside a room that can be used for social purposes – for the Centre’s residents and their visitors. Clearly the men’s recreation room does not fulfil that function. Ideally, alternative accommodation should be found for the group of single men who have lived at Knockalisheen since 2003. Finally, Knockalisheen residents should be afforded easier access to psychological counselling and such support should be available at the Centre itself as the need for it seems quite widespread.

However, such changes would represent only palliatives. Any kind of institutional accommodation in which families are unable to maintain self-sufficient households is in the long term harmful, however humanely and imaginatively such accommodation is administered. The facilities at Knockalisheen are appropriate only for short-term residents. Compelling people to live with their children in such a facility for years on end undermines their long-term capacity to manage their own lives and to become active participants in wider society.

SUMMARY

- ❑ Knockalisheen provides basic shelter and board but does not represent suitable long term accommodation for the families who live there.
- ❑ Provision of additional resources, reforms could make life at Knockalisheen less stressful.
- ❑ Provision of recreational facilities for children is a priority.
- ❑ Mental health issues need to be addressed appropriately, taking into account particular individual needs.
- ❑ The circumstances in which people enter the country and the experience of living in direct provision over a long period of time can exacerbate mental health issues.

4.2.4 Health

There is a clear and uniform view from health professionals and immigrants alike that immigration status affects health status.

The particular needs of migrants and ethnic minorities require the provision of culturally appropriate services by an informed and culturally aware workforce (HSE (2005) *National Service Plan 2006* (Dublin, HSE) p.51).

The Irish health system has been going through a period of change in recent years with the abolition of the former Health Board structure in January 2005 and its replacement by a new Health Service Executive (HSE). The HSE's own Social Inclusion Unit is responsible for the development of a National Intercultural Strategy for the health sector, based on principles of inclusiveness, participation and community development. The HSE has completed consultations for the strategy nationwide which are outlined in the Consultation Report (HSE Intercultural Health Strategy, 2008).

This research was launched as the National Intercultural Health Strategy 2007 – 2012. The document provides a framework via which both staff and service users may be supported to participate in the design and delivery of services. The report identified a number of key areas for recommendations:

- Accessing services
- Service delivery
- Mechanisms for promoting access
- Tools for underpinning access, i.e. Information, Interpretation, Data Collection, Research.

Illegal Immigrants with no Status

Health workers refer to a small but significant number of immigrants whom they have met, with no legal status at all. For these people, ill health can be extremely stressful, with no medical card and no entitlement to any health care. Health workers gave the example of one illegal immigrant:

‘She is HIV positive, but because of the fact that she was an illegal immigrant and does not want to go through the reception and information leaflets, we haven't been able to get her a medical card, we haven't been able to get any sort of social or community welfare or support and she's been literally going from pillar to post. [-] the last I heard, she was going from friend to friend, but she is certainly extremely vulnerable economically, financially, emotionally and socially’ (Health and Welfare Focus Group, 21st May 2007).

Obviously, there are no official records for illegal immigrants though they are commonly acknowledged to exist. Even small numbers of extremely vulnerable and sick immigrants, particularly those who have contracted infectious diseases, pose wider health risks for the

community as a whole, for they do not receive basic medical care for their illnesses, and the health service providers cannot track their movements. With no official entitlement to medical care or prescription drugs, illegal immigrants are forced to seek access to these necessities in whatever ways that they can. They may, for example, turn up to deliver a baby then disappear again, with no way of following up with basic medical care. When these immigrants do encounter health professionals they can take up an inordinate amount of time, with each encounter representing a crisis (Health and Welfare Focus Group, 21st May 2007).

Asylum Seekers in Direct Provision

Mental health issues were raised as a serious issue for asylum seekers living in direct provision. Both residents and service providers focus groups reported that asylum seekers bring mental health issues with them from the countries that they've come from and have 'carried that trauma of why they left their own country in the first place' (Health and Welfare Focus Group, 21st May 2007).

'There have been a few that have come through with very extreme post-traumatic stress – experiences of family members killed in front of their eyes' (Health and Welfare Focus Group, 21st May 2007).

In addition to the trauma that they may suffer (which led them to flee) many experience severe mental health problems associated with institutionalised living. In the words of one mental health worker:

'Your whole concept of self, your whole mental health and your own vision of who you are is very different from [someone else's who has] the freedom to leave via their front door and come back when they wish, to buy what they want, to eat what they want and to raise their children as they would wish' (Health and Welfare Focus Group, 21st May 2007).

This lack of autonomy raises a huge variety of depressive illnesses and symptoms:

'So that they come into the country with that mental health anxiety and then to be put into the living accommodation situation – it just adds another level of anxiety that is being put on them, with no outlet' (Health and Welfare Focus Group, 21st May 2007).

A great deal of anxiety is created by having no security of future: asylum seekers do not know what will happen to them and have no control over their future. They cannot make any plans and begin to live only for today and tomorrow. 'You don't think of your future, you don't know where you're going to be tomorrow or the next day or the next day, so there's uncertainty about your life; that's another anxiety' (Health and Welfare Focus Group, 21st May 2007).

Additionally, a range of simple health problems can turn into sources of anxiety, because of difficulties accessing services.

Asylum seekers themselves seem to offer a different perception about the need for counselling and other services that are directed at mental health. We asked the asylum seekers whom we interviewed in our survey whether they or their family members needed such support. One third of the respondents did not answer this question, but of those who did, 44 out of 48 told us they had had no need for counselling or psychiatric care. Only one told us they had received such help, and three more said they would like it if it was available. The high rate of abstention from answering this question may be significant, though it may indicate an issue which people are reluctant to address.

EU Accession Workers (permits)

In many ways, groups of workers in this cohort experience a lifestyle that is comparable to that of members of Irish communities in Britain in the 1950s. Many health workers are expecting to find difficulties related to drink, or mental health, homelessness, which are not yet pronounced (Health and Welfare Focus Group, 21st May 2007). Health workers expressed their anxieties regarding the lifestyle that seems common to many single male workers:

‘Men coming over from Poland to work (in XXXX): buses of them leave at 6 o’clock in the morning to go to work (in XXXX) and then get off at whatever time in the afternoon. They go straight to SuperValu to get their drink in the carrier bags and they’re drinking it as they go out the road’ (Health and Welfare Focus Group, 21st May 2007).

‘I worry about the men being lonely. You know men obviously in their forties, fifties, coming over without their women and missing their families’ (Health and Welfare Focus Group, 21st May 2007).

More generally, the EU accession workers are not entitled to medical care or cards. When they get sick they must pay the doctor’s charges and any related costs: ‘and if they need a blood test it’s more, if they need an x-ray it’s more and so it’s actually cheaper to get a Ryanair flight home and get it done at home’ (Health and Welfare Focus Group, 21st May 2007; also Ennistymon Ethnic Minorities Focus Group, 28th May 2007). This is most typically the case with dental treatment and minor operations. Still, however, such action is not usually possible for on-the-spot emergencies – injuries such as broken limbs, sprains, etc can prove to be extremely expensive. It was suggested that an information campaign scheme, which specifically targeted EU accession workers, would be extremely beneficial. Some younger Polish workers suggested that most immigrants are not insured for medical expenses, yet could probably easily afford it.

In the survey, the migrant workers, however, appeared to be quite capable users of local medical services: thirty-four out of 82 had visited a local doctor, slightly more than the 32 who told us they had not needed to. Seven said they would like to but had not been able to visit a doctor and only one had returned home for medical services.

Typical Problems Raised by Health Service Providers

Many health workers spoke of the challenges presented by practical problems such as language and translation in understanding different immigrant contexts, on a variety of levels:

- Practical problems: language/ translation - often language difficulties prevent effective health care. Health workers may have to interview a client with a family member present.

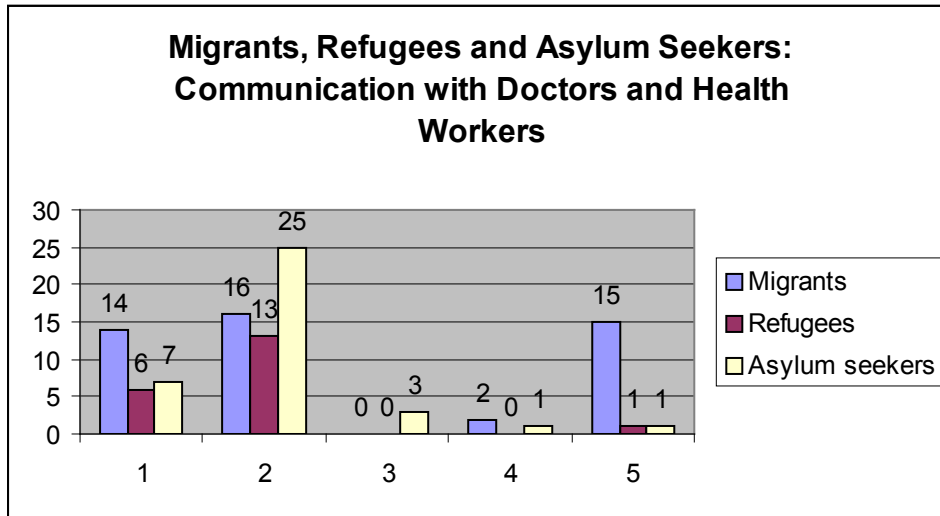
“We certainly know of cases where the spouse has come in or the partner has come in and we suspect what would be translated and what is not being translated and we would have concerns about that” (Health and Welfare Focus Group, 21st May 2007).

Sometimes children have had to give harrowing accounts of their parents’ experiences for health workers, which seems unnecessarily harmful.

Many health workers point to issues around literacy difficulties, difficulties keeping appointments (especially with Roma clients). This, however, is not a new problem. Much work has been done in relation to similar difficulties that have been overcome in Traveller health programmes.

Our surveys suggested that EU accession workers are especially likely to find it difficult to communicate with doctors and other medical service providers. Of 47 respondents to the migrants survey who had used medical services, 14 reported initial difficulties in making medical workers understand their health problems, though they were now communicating better, and fifteen were still experiencing difficulties. Sixteen had experienced no problems and two respondents were asked questions they found too embarrassing to answer. Fifty-five refugees or asylum seekers addressed this question. Out of this group, 36 reported that they had experienced no problems; 12 respondents had experienced initial difficulties and only two respondents found it still difficult to communicate (see Figure 7).

Figure 7 Migrants, refugees and asylum seekers communication with doctor and health workers



Key:

- 1 – At first it was difficult but now it is better
- 2 – No problems in making the doctor understand
- 3 – They don't seem to believe me
- 4 – Yes, because the questions they ask me are embarrassing to answer
- 5 – Yes, this is very difficult because of language problems

- Practical problems: tracking service users' health care history– many health workers spoke of the huge amount of time it might take to trace a client through two or three changes of address in order to follow up with prescribed care. The many practical difficulties of dealing with patients that have no medical records, children without medical histories etc. were relayed in detail. Much of this kind of 'leg work' makes the job of front line professionals, such as public health workers and community nurses much more time consuming with immigrant clients. Moreover, many suggested that if they did not choose to follow up on their clients, the system does not oblige them to. The consequences of not pursuing medical follow-ups and 'family tracking' can be especially damaging to children who may be on waiting lists for various therapies, interventions and minor operations. This only losing their place on a regional list.
- Basic unfamiliarity with immigrant home state – one public health nurse spoke of her horror in finding out what had happened in Rwanda and Burundi. A number of public health workers suggested that if they had even a basic understanding or clearer idea of the situation in some states, they would be much better prepared to deal with clients sensitively.

Some health workers noted that they had discovered that in Romania, Roma children are usually placed in institutions and that a number of the children that they had met suffered the effects of institutionalisation (Health and Welfare Focus Group, 21st May 2007).

- Unfamiliarity with immigrant religious, cultural or gendered practices – it was suggested that knowing how to behave in culturally sensitive ways towards different clients would make the work of public health professionals much easier. Female workers in particular noted that when they were able to acknowledge familial hierarchies or gender sensitivities they were much more successful (Clare Care Focus Group, 29th May 2007)¹⁶.

Another health worker spoke of the lack of cultural/ethnic information available for health professionals in assessing mental health issues:

“We were unclear whether the person we were dealing with was presenting with actual manic disturbance or their own reality, if you understand me? Maybe witchcraft or stuff like this might be quite acceptable in the culture of origin of the person. She [the patient] was quite confused, but I felt that I did not have the experience to make a judgement” (Health and Welfare Focus Group, 21st May 2007).

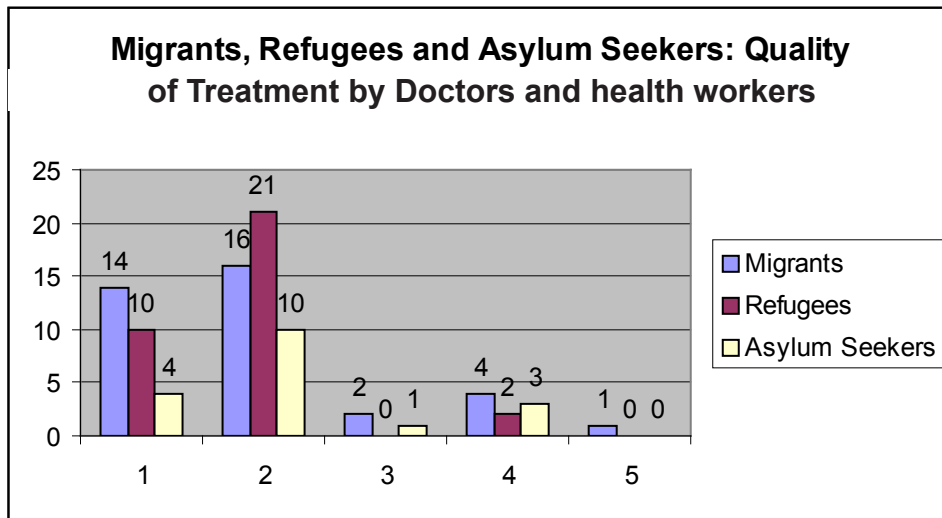
- Unexpected stress of dealing with victims of violent conflicts – mental health workers related their shock and/or horror at finding out what number of their clients had experienced and also the realisation that this experience may have been shared by children (torture, terror, executions, genital mutilation etc). Members of this group also found that in order to cope with this, they tended ‘not to think about it’. You almost forget, don’t you, a bit? You actually stop thinking about that and you almost accept the family unit as whatever the family unit that you are met with just as it is (Health and Welfare Focus Group, 21st May 2007).

Perceptions about the Quality of Health Services

Our survey evidence suggests that medical service providers generally evoke favourable perceptions within the refugee or asylum seeker communities (See Figure 8). For example, of the 27 refugee or asylum seeker respondents who had children since their arrival in Clare or whose partners had had children, 21 reported attentive care from their GP and 18 recorded visits from a public health nurse after the birth. Two felt that the care they had received from their GP was inadequate. More broadly, we asked about the quality of treatment from doctors and health workers in our two surveys of refugees or asylum seekers and migrants. As can be seen from the figure below, among all groups, very substantial majorities felt that doctors and health workers had been helpful and a very small number perceived their treatment as unhelpful.

¹⁶ Clarecare is a voluntary Social Service organisation providing a range of personal Social Services to the people of County Clare. Refer to: <http://www.clarecare.ie/>

Figure 8 Migrants, refugees and asylum seekers’ perception of quality of treatment they receive from doctors and health workers



Key: 1 – Very helpful; 2 – Generally Helpful; 3 – Tried hard but don’t understand our needs; 4 - Not very helpful; 5 - Unhelpful

SUMMARY

- ❑ Immigrant legal status affects health – asylum seekers are especially likely to experience stress, and migrant workers are prone to life styles that expose them to health risks.
- ❑ Health workers experience a range of problems in addressing the health needs of immigrants; these include language barriers, the challenges of tracking and maintaining records, lack of knowledge about home state health conditions, and cultural unfamiliarity.
- ❑ In general, immigrants’ perceptions about the quality of the health care they receive in Ireland are favourable.

4.2.5 Education

The structure of the Irish education system is unusual and poses specific challenge for minority ethnic groups. Ireland has a centralised national curriculum, allowing guidelines and content to be disseminated nationally and to be taken up within the individual school. Publications in recent years include:

- *Intercultural education in the primary school: guidelines for schools* (2004) National Council for Curriculum and Assessment.
- *Guidelines on Traveller Education in Primary Schools* (2002) Department of Education and Science.
- *Guidelines on Traveller Education in Second Level Schools* (2002) Department of Education and Science.
- *Promoting anti-racism and interculturalism in education: draft recommendations towards a national action plan* (2003) Department of Education and Science.
- *INTO intercultural guidelines for schools* (2002) The Irish National Teachers Organisation is the trade union which represents primary school teachers.

The Department of Education and Science allocates full-time temporary language support teachers to schools, depending on the numbers with English-language difficulties. Schools that have 14 or more non-English-speaking pupils enrolled are automatically entitled to a full-time temporary language support teacher for up to two years. Schools with between 28 and 41 or more such pupils are entitled to two full-time temporary language support teachers; such appointments are made on a temporary basis. More language support teachers are allocated to schools with larger numbers of non-English speakers, up to a maximum of 6 for those schools that enrol more than 121 pupils needing such support. One school in Ennis has four language support teachers at present and five have three. In the cases of those schools that have 14 non-English speakers, grants are available to pay for part time language support, €6348.68 for schools with 3 to 9 pupils needing help and €9523.44 for schools with between 10 and 13 such pupils. The Department has recently issued a resource book for English language support teachers to all primary schools, compiled by Integrate Ireland Language and Training Ltd (Department of Education and Science, Limerick).

While there is a universal right to education for children in Ireland until they have completed the second-level cycle, this does not extend to post-Leaving Certificate courses (PLC) or to third-level education. Migrant students from outside the EU, except for those who are granted full refugee status, will usually find that they are expected to pay the non-EU fee, which acts as a barrier and effectively excludes them in practice in the vast majority of cases.

According to the Department of Education, the principal difficulties for immigrants are (a) the

admission of pupils into overcrowded schools and (b) language support services (Mac Éinrí, P. in Watt & McGaughey 2006, p.122). At national level, the majority of the Department's publications are in Irish and English only. However, plans to translate a substantial number of the Department's main documents into languages such as Polish, Latvian, Russian and Lithuanian are well advanced. These plans include the translation of documentation concerning appeals procedures, bullying information for parents and information on schools and the Equal Status Act, 2000. The Catholic ethos underpinning many primary and secondary schools will generate debate as Ireland's multi-ethnic and multi-religious population continues to evolve.

Immigrant Children in Clare Schools

As has been the case in other areas, the educational experience of ethnic minorities may be clustered around key immigrant groups. Numbers of immigrant school children in Clare are unevenly dispersed across the schooling system, with especially heavy concentrations at certain schools. Further consultation took place with a Primary Education Focus Group, but it was not possible to hold a Secondary Education Focus Group as it coincided with the school holiday period. Since this study was completed, the HSE Community Development Service has conducted consultation with Secondary Level schools in regard to the Inter-Agency Strategy. Fifty-three primary schools and 12 secondary schools in Clare provided survey responses. In the tables that appear below, we have only included information on those schools with the larger enrolments of international pupils.

Among primary schools, for example, survey data indicates that the following schools have especially large enrolments of international pupils:

Ballina National School
CBS Bunscoil, Ennis
Ennis Educate Together
Holy Family Junior School Ennis
Scoil Christ Rí, Ennis
St Conaire's, Tullyvarga, Shannon

Table 10 shows a detailed breakdown between classes of these schools' international enrolments.

Table 10 Breakdown of international students in Clare primary schools

	Junior infant	Senior Infant	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class	Total enrolment	% international pupils
Ballina NS	1	1	0	3	0	3	1	1	335	3%
CBS Bunscoil	24	8	9	9	4	1	6	4	527	12%
Ennis Educate Together	22	11	3	13	11	10	7	9	178	48%
Holy Family Junior School	36	12	26	0	0	0	0	0	231	32%
Scoil Chríost	22	9	16	5	8	13	7	7	240	36%
St Conaires	18	12	11	13	7	10	15	13	501	20%

It is evident from Table 10 that in the two schools with the proportionately heaviest enrolments, Ennis Educate Together and Scoil Chríost Rí, immigrant children or the Irish children of immigrant parents constitute a majority in the most junior classes. Children from particular national groups appear to cluster at certain schools. For example 49 of the 178 children with immigrant parents at Ennis Educate Together are from Roma families, Czech and Slovak. They constitute the largest single school enrolment of Roma children. The largest concentrations of Nigerian children in primary schools are at the Holy Family Junior School (43), at Scoil Chríost (33), at CBS Bunscoil (34) and at Ballina National School (15). At Holy Family JS, half of the international children in the junior infant class are Nigerian.

With respect to secondary schools, in the five schools who returned the questionnaires, the schools with largest numbers of international children were:

Ennis Community College
 Rice College, Ennis
 St Caiman's College, Shannon
 St Flannan's, Ennis
 Scoil Mhuire, Ennistymon

Table 11 shows the distribution of these enrolments across the six classes at these schools.

Table 11 Breakdown of international students in Clare secondary schools

	1 st	2 nd	3 rd	4 th	5 th	6 th	Total enrolment	% International pupils
ECC	23	26	7	0	6	4	409	16%
Rice	16	6	5	0	17	10	598	7%
St Caimins	4	4	3	6	2	0	700	3%
St Flannan's	6	4	10	7	4	0	1080	3%
Scoil Mhuire	5	1	3	3	6	5	315	7%

Clustering of national groups at particular schools is not as evident in secondary schools as in primary schools (see Table 11). Our survey indicated that the largest group of pupils in a single school from one national group were six Polish students at Ennis Community College. Strikingly, the survey data suggested that no Roma pupils were enrolled at secondary schools in Clare. The following section considers in detail the educational issues that affect Roma school children, although it is possible that they may be classified as Czech or Czech Roma.

Roma

The temporary nature of nomadism has resulted in a large amount of absenteeism amongst the Roma children: 'they might send them to school maybe for two days and then they're off for three weeks' (Education Focus Group, 5th June 2007). This absenteeism leads to planning difficulties for the school and for children:

'The Roma guys are very nomadic as regards jobs, and the children. There's no aspect of planning. I've said to people, 'is your brother starting here in September?' and the kid looks at me as if, is September after Monday. They don't plan that far ahead. Even the parents don't plan that far ahead. So they might be working in Ennis now and then in two months time they might be in Carrick on Suir or they might be in Holland, or Denmark. They might be in all various different countries around Europe so it's very difficult for the children, they're being uprooted continually' (Education Focus Group, 5th June 2007).

One of the biggest concerns was the uptake of pre-school services for the Roma community, as children were presenting themselves in primary school with no English language at all. The case of two siblings who are to start school in September 2007 exemplifies this problem:

'Those two children did shock me a bit having no English whatsoever. I wonder do they not even watch TV. They don't, they watch Czech TV at home. So like them having been born and bred and never having left the country ever, they have never left Ireland, never left Ennis since they've arrived in Ireland seven years ago. They were born (here) and they have not one word of English.' (Education Focus Group, 5th June 2007).

The Education Focus group drew attention to links between access to education and some aspects of Roma culture and traditions, especially with respect to Roma views about family and gender roles. The importance for the Roma of maintaining their culture was stressed:

‘Most important for the Roma families is that the girls get married. The Roma children do get married at thirteen, fourteen, fifteen if they can get away with it and most important to them is to keep their culture alive despite centuries of persecution against them, it’s unbelievable that they are still a community.’ (Primary Education Focus Group, 5th June 2007).

Concerns were raised about how young girls were dropping out of secondary school:

‘They’re disappearing at huge rates in secondary schools. I’ve been around the Secondary Schools in the County and a girl comes in at twelve, disappears at fourteen one day, just vanishes.’ (Primary Education Focus Group, 5th June 2007).

Also concern was expressed about the prospects of the Roma boys who leave school early with poor educational attainment levels and poor job prospects (Primary Education Focus Group, 5th June 2007).

In relation to parents, lack of English language proficiency is exacerbated by the fact that often parents from the Roma community have left school early or have not attended school at all, resulting in extreme educational disadvantage.

Eastern European

The Polish community, it was noted, were clustered in the same schools, as they tended to go with their friends. Some were travelling across Ennis town to attend schools. Low-attendance rates of students was discussed, where children were going to their home countries in the middle of school term and losing whatever English they had accumulated, resulting in difficulties when they returned to class. It was highlighted that some parents from Eastern European countries had very little understanding of English:

‘One problem I find with these Eastern Europeans is that they don’t have the English language, the parents don’t have it the kids don’t have it, and we are going out trying to communicate with them and you’re miming, you’re drawing pictures you’re pointing and you don’t know whether they are getting the message or not’ (Primary Education Focus Group, 5th June 2007).

‘It was suggested that while generally parents had a high standard of education, there was reluctance by some, in particular Czech, Slovaks and Polish, to take up English language classes.’

Although some secondary schools already have significant numbers of Eastern European students, educational transition to Ireland can still be problematic. In one group, the case of an 18-year-old Lithuanian student was outlined: though the student had nearly completed education

in Lithuania and had a high standard of English, she was placed in transition year as there is no standardised test:

‘She’s kind of thinking of dropping out because she said there’s no point in staying because I’ve got three more years now. She only had about six months to do in Lithuania anyway but there’s no way the school would let her go in and do her Leaving Cert. And now she said she’s just bored, she’s sitting in transition year and she’s just bored and she says there’s no point now, she says I’m 18 nearly 19 and I’m in with a group of 15 year olds’ (Health and Welfare Focus Group, 21st May 2007).

Nigerian

It was generally agreed that the Nigerian community have integrated well into the community:

‘The Nigerians have a very good level of English coming in, a lot of them have better English than our own [-] and that’s being honest about it, they are very articulate. And the parents would be very very ambitious for their children; they want them to get on.’ (Primary Education Focus Group, 5th June 2007).

Still even here there may be difficulties in transitioning from one culture/system to another. One principal noted how the majority of the students from African countries had left a school because it was deemed it was not religious enough. Another school with a high number of Nigerian children noted very little problems as parents are generally easily able to communicate with the school:

‘[They] question everything. And they want to know why their child didn’t do this when some other child did it’ (Primary Education Focus Group, 5th June 2007).

Educational Support

The support available to Traveller children is not matched by any provision of resource teachers for Roma children though they experience comparable degrees of educational advantage:

‘We were working really hard to get the same resources for the Roma children who need it because they are extremely nomadic. Educational disadvantage, bad attendance, educational disadvantage at home, illiteracy at home...if they qualified as Traveller children then we would get an extra two or three resource teachers. It would be very helpful to us. We can’t apply now, that’s gone’ (Primary Education Focus Group, 5th June 2007).

The limited resources given to language support teachers was highlighted; ‘We certainly have children that are leaving me now and they could do with extra help and support’ (Education Focus Group, 5th June 2007). Another difficulty raised was the lack of languages other than English in which any psychological assessment can be conducted:

‘You are assessing them with an instrument that is not suited to their needs at all. You are assessing a child - whether it’s a psychological assessment or just a simple reading assessment. You’re assessing them with a tool or instrument that has not been designed with their needs in mind at all. So it’s totally unfair, they’re disadvantaged from day one when they’re being assessed in that regard...I’m really worried; we’re very slow to react - extremely slow’ (Primary Education Focus Group, 5th June 2007).

If children need psychological or psychiatric services, there are long waiting lists and in any case such care may be of limited value, given the unavailability of such services in languages other than English:

‘We have three or four children that are going, or going to go as I was told the last day, going to go on to the waiting list - they’re not even on the waiting list yet - and that the waiting list is a year and a half to two years for psychiatric service. And then they attend these psychiatric services and they can’t speak English (laughs). So you have a double difficulty’ (Primary Education Focus Group, 5th June 2007).

The difficulty in getting special needs assistants that spoke languages other than English was discussed. One school had advertised for a Special-Needs Assistant with Czech for a child, but no one has applied. The Knockalisheen resident’s focus group (13th June 2007) reported that whilst assistance was available for purchasing uniforms and shoes when children were starting a school year, there was no financial assistance towards purchasing schoolbooks.

Social Integration

Whilst a perceived reluctance of learning English was prevalent amongst the Roma community, it was noted that the children wished to assimilate into the schools:

‘You know they don’t really want to hear the Roma side of things sometimes, some of them are very receptive and others aren’t. They will never speak Roma to each other at school, even though they speak Roma at home some of them. About half of them speak Roma at home and the other half don’t speak Roma, but the younger kids would speak Roma to each other’ (Primary Education Focus Group, 5th June 2007).

However it was pointed out that it was easier for the children to identify as Czech rather than being accused of being a gypsy (Czech Roma). Teachers made an effort in celebrating and highlighting difference in schools, however sometimes the children don’t want their differences celebrated. In relation to religion, it was noted the some Eastern European children returned to their home countries to make their holy communion, whilst some children within the Nigerian community would have been baptised into the Roman Catholic Church. There had been no significant issues around cultural and religious difference around the Muslim faith so far in the schools; however it was felt by the group that a debate or guidance was required.

In relation to integration, there was overall agreement that within the primary schools there were few difficulties with children integrating and mixing. One of the teachers in a focus group observed that although Roma children often constituted a group apart in school classes, it was extremely unlikely that they would be leaving Ennis in the near future. As he noted:

‘They like being in Ennis because like a guy coming to the fifth class told me, he likes coming to our school because he doesn’t get beaten up... because in the Czech Republic he used to get beaten up on the way to school because he was a gypsy Roma’ (Primary Education Focus Group, 5th June 2007).

The difficulty that the children in Knockalisheen face in integrating was highlighted in the HSE

Knockalisheen Focus Group (19/6/07) when it was noted that no children under the age of 16 were allowed to visit:

‘You know one thing for the children is they’re not allowed to bring a friend, like she was saying. Nobody, no youngster under sixteen is allowed in to visit. And that’s one thing the children said is that they weren’t allowed to have friends outside of the centre over to visit if they are under sixteen’ (Knockalisheen SPFG, 19th June, 2007).

The impact of only a few schools in Ennis having a large ethnic mix whilst others having a smaller mix or being predominately Irish was explored:

‘Well I think it’s a danger long term for any school. For Ennis schools in general, you know there are three or four schools in general that would have a huge ethnic mix and origin Irish children are mixing with children from the Czech Republic’ (Primary Education Focus Group, 5th June 2007).

In September 2007, one school in Ennis had an intake of 34 in junior infants; approximately 20 of those children were non-Irish born.

Immigrant Perceptions of their Children’s Experience at Clare Schools

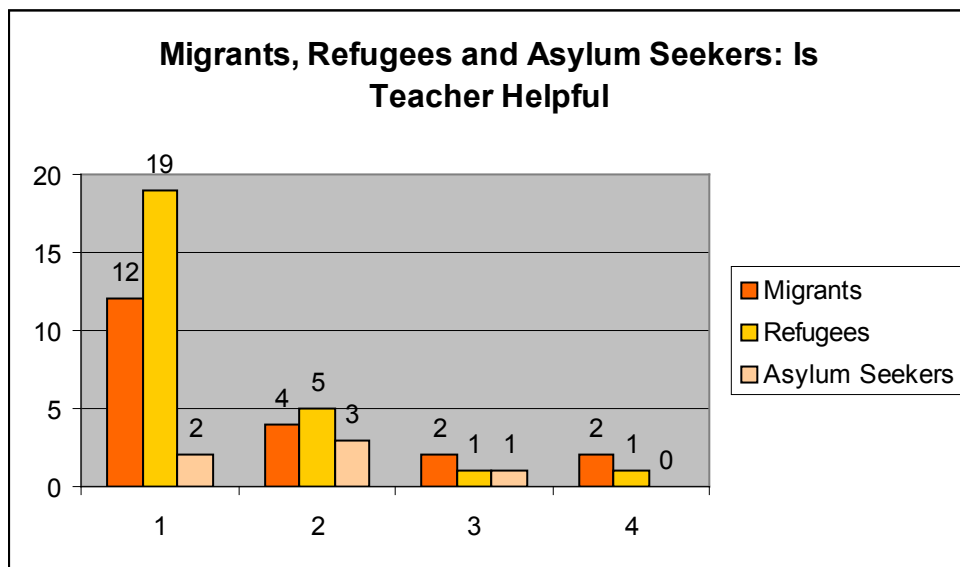
In the questionnaires that were administered to refugees, asylum seekers and migrants, respondents were asked about their children’s school experiences (See Figure 4.4). Generally, these experiences seem to have been positive.

Refugees and Asylum Seekers

Of the 72 refugees and asylum seeker respondents, 30 had children attending schools in Clare, mainly in Ennis. Eleven of the respondents had children at secondary school. All but one of the respondents had met their children’s teachers, most of them quite often – just four reported that they had met teachers only once. When asked to choose a phrase to describe their children’s experiences at school, none suggested that their children were unhappy or unsettled. Five respondents indicated that their children ‘seem to be settled’; four respondents reported that their children seemed to be ‘fairly settled and happy’; and 21 claimed their children were ‘very settled and happy’. Twenty-four of the respondents confirmed their children were doing well in their classes and another three claimed that after initial difficulties their children were making progress. A small minority of four respondents reported that they had children who found the classes bewildering or difficult, and only one reported that their child encountered language difficulties.

The questionnaire asked respondents whether teachers had been helpful and whether their children appeared to like their teachers. Again, as Figure 9 indicates, the responses were broadly favourable, with more than two-thirds of the respondents reporting helpful and supportive teachers, and only two suggesting that teachers paid their children no attention. Just one respondent indicated that their child was nervous of their teacher. Only two of the asylum seekers reported that they had children with special needs and of these, one claimed that those needs were not being addressed.

Figure 9 Migrants, refugees and asylum seekers response to the question: Is the Teacher Helpful?



Key: 1 – Teacher is helpful; 2 – Children seem to like him/her; 3 Teacher pays them no attention; 4 – Children are nervous of their teacher.

Migrants

Only 21 out of the 82 migrant workers who completed questionnaires indicated they had children at Clare Schools. Again, though, with this group, their children’s experiences seemed to have been positive. Eighteen of our respondents had met the teachers of their children, seventeen of them often. Three of them suggested that their children were unhappy; the rest reported that they were settled and a number chose the ‘settled and happy’ responses. In class, though, children of migrants may have struggled: half the respondents had children who found classes bewildering; who could not keep up; or who were held back by language difficulties. Most parents, though, thought teachers were supportive and that their children liked them. Two of the migrant workers had children with special educational needs and these needs were being met at school.

Further Education

The lack of motivation of some people, in particular men, for undertaking English classes was also outlined in the Clare VEC Tutors Focus Group (15/5/07):

‘Whereas with the men they can’t see any sort of reason for doing this English unless they can attach it on to sort of employment or something specific because of their situation in terms of their status ... I think motivation is a huge issue’ (Clare VEC Tutors Focus Group, 15th May 2007).

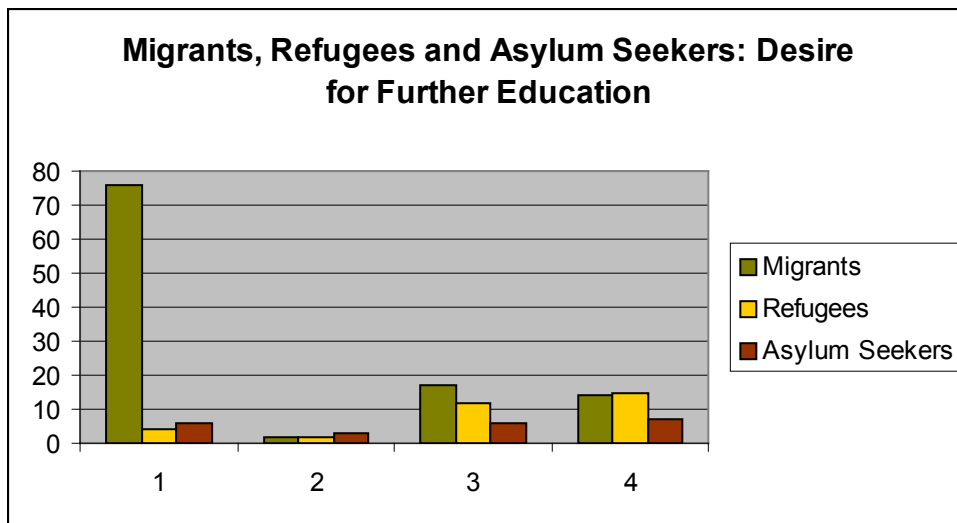
Of grave concern in the VEC focus group was a group of men who despite having refugee status were undereducated and had not received much assistance:

‘I’m just thinking of a particular grouping that we all know about here. And one particularly disaffected boy you know you think what is the future for this lad? He’s undereducated, angry, disaffected, unemployable and you say what’s the future for him?’ (Clare VEC Tutor Focus Group, 15th May 2007).

In the Ennis Ethnic Minorities Focus Group (28/5/07) participants discussed the difficulties in getting their qualifications or even finding work after completing courses in Ireland.

Amongst both groups, surveyed majorities indicated they would like to obtain further education, though their perceived needs were significantly different (see Figure 10). Of 82 migrant worker respondents, 76 confirmed they would like access to more education. Of these a huge majority, 71, felt they needed English language training, though significant groups wanted diploma level courses (17) and university studies (14). In contrast, a minority of the refugees or asylum seekers who wanted further education, 10 out of 46, felt they needed language training. Most of the refugee or asylum seekers stated that they would prefer enrolling for diploma or university courses. In both groups, only small numbers said they would like primary or secondary education.

Figure 10 Migrants, refugees and asylum seekers’ desire for further education



Key: 1 – English Language Training; 2 – Basic/Elementary; 3 – Diploma/Vocational; 4 - University

SUMMARY

- ❑ Immigrant children are especially clustered in a few Clare primary schools.
- ❑ Roma children are especially likely to become educationally disadvantaged because of language barriers, absenteeism and early school-leaving.
- ❑ Eastern European children more generally can also be hampered by language problems and their progress and motivation can be adversely affected by inappropriate class placement.
- ❑ Of the various immigrant groups, English-speaking Africans appear to make relatively good progress at school.
- ❑ More English language teaching resources are needed.
- ❑ In general, amongst immigrants, parent perceptions of teachers and their children's educational experiences are positive.
- ❑ In further education, asylum seekers are especially likely to lack motivation because of uncertainties about their future.

4.2.6 Language Acquisition

For all immigrants, language acquisition is the principal means through which social integration may take place. Obviously, language difficulties arise in a variety of contexts, but still it is possible to think of three key experiences where language skills and/or acquisition are particularly important in relation to ethnic minorities: for children entering and progressing through the schools system; for adults in order to facilitate effective social and economic integration; and for many ‘front-line’ service providers dealing with ethnic minorities.

Children

For many immigrant children, quite frequently their first direct and sustained exposure to English language occurs at school. How effective the transition to another language is depends to a large extent on parental support. Although it is something of a cliché that ‘children all speak the same language’ or that children are somehow ‘more adaptive’ – educational professionals all referred to the importance of parents being involved in language acquisition (Primary Education Focus Group, 5th June 2007). This need not necessarily be by conversing in English, but by providing other educational supports that allow the children to develop. Parents reading to their children – in any language – was regarded as an important means through which children develop their language skills and it was also suggested that that enhancing mother tongue proficiency is useful in helping children to learn a fresh language (Primary Education Focus Group, 5th June 2007). Among ethnic minorities, however, for a variety of reasons this kind of parental support may be difficult to secure. Literacy difficulties amongst some parents, in particular within the Roma community, were highlighted as a matter for concern by the Primary Education Focus Group (5th of June, 2007).

Moreover, it was noted that the challenges facing Roma children in terms of language acquisition are much more intense than may be the case for other minorities. Whereas for some minorities English represents a second language, for many Roma children it is a third, to which the Irish education system then adds a fourth – Irish.

More generally, it is clear that if children’s language development should be supported by parents, then parents’ language development must also be effectively supported. The tutors who worked with the Clare Immigrant Support Centre noted that a significant proportion of people, in particular women, attending their classes had literacy difficulties. One tutor explained:

‘Many of them, particularly the women, would not have had a great deal of education in their home countries and many of them would be illiterate in any language and a lot of them are illiterate in their alphabet’ (VEC Tutor Focus Group, 15th May 2007).

For other immigrant families, even without literacy problems, support for children’s language acquisition may be deficient. A language teacher’s account of her experience of dealing with

one Polish mother looking for English language classes highlights this difficulty:

I asked, 'Do you listen to English television, English speaking?'

'No, we have Polish TV.'

'I said what about the radio?'

'No, we listen to the Polish on the radio.'

I said, 'Well, you really should just turn on the television in English just for the children to hear, it's the ear that they need to hear.' (Social Integration Focus Group, 17th May 2007)

The consequence of this is that schools often bear a larger burden in terms of responsibility for language acquisition than might otherwise be the case. Ironically, however, immersing children in a second language is nothing new in Ireland, where *Gaelscoileanna* (Irish Schools), which have existed for over fifty years, have been immersing children in a language that may not be the language spoken in the home. In this respect, there is a vast reserve of expertise in relation to language acquisition and language skills that could usefully be deployed in relation to ethnic minorities' language acquisition. Surprisingly, though, the consensus amongst professionals in the Primary Education Focus Group (5th of June, 2007) seems to be that Ireland performs poorly with respect to language teaching in most of its schools. One school principal explained:

'We have not been good at language teaching. If you look at the surveys, the literacy and numeracy surveys, conducted by the Department [of Education], such as the curriculum implementation evaluation surveys for English, the inspectors are saying that twenty-five to thirty percent of the language, English language lessons that they've seen by teachers, they're not using the correct teaching strategies for the teaching of English.' (Primary Education Focus Group, 5th June 2007).

The lack of support for language provision by the Department of Education was criticised, in particular the lack of texts in diverse languages. It was noted that this was not a new challenge as the same problem was realised in sourcing Irish language texts.

Gaelscoil teaching professionals noted that the success of 'total immersion' in a foreign language (in their case the move from English to Irish) was completely reliant on two key features:

1. The capacity for children to use their own language to develop a second language by asking questions, transferring skills, and so on;
2. The effective support of a teacher who is able to understand their first language, and thus support the transfer of their language skills from one language to another.

One teacher commented:

'Imagine if Irish teachers understood no English – how could they effectively respond in Irish and teach through Irish, if they had no understanding of their children in the first place?' (Primary Education Focus Group, 5th June 2007).

It was suggested that the best solution was to have an SNA or someone in the classroom with a proficiency in the child's language to assist with comprehension, thereby hastening language

development (Primary Education Focus Group, 5th June 2007).

For other non-Irish speaking schools, the issue of how best to promote language acquisition amongst children of ethnic minorities is one that presents a constant challenge. The Principal of one school explained that in relation to language teaching, best practices were constantly updated by the school.

More generally, there was a consensus between teachers and principals that more of a focus should be put on co-operative learning amongst children, as well as on utilising the language skills that children already have. In relation to the experience of Irish language teaching as a model for ethnic minorities' language acquisition, many concluded that it demonstrated policy failures and scope for improvement. It was argued that the Irish educational system ought to explore models of best practice in other countries that have a reputation for good language skills:

‘We’re looking at children from all over the world and we’re thinking narrowly of English and Gaeilge when in actual fact they are actually linguistically much much much better than we are at languages’ (Primary Education Focus Group, 5th June 2007).

Adult Language Acquisition

Language proficiency affects economic and social conditions of ethnic minorities. It seems, however, that the pattern of language acquisition amongst adults is varied – both in relation to ethnic background and also in relation to the familial and/or gendered position of members of ethnic minority groups. In terms of ethnic backgrounds, language tutors noted language learning difficulties with migrants from Eastern European countries in particular Poland, Latvia, and Lithuania:

‘Language familiarity is a big problem, not knowing the rules is also a big problem because obviously you are in an alien culture and you really don’t know because no one has actually bothered to sit down and give them that information’ (VEC Tutor Focus Group, 15th May 2007).

Economic Integration

Many of the research participants recognised that English proficiency was critical in getting better work opportunities:

‘If I spoke better English, I could look for a better job’ (Kilrush Ethnic Minorities Focus Group, 7th June 2007).

‘I am here on a contract, working here... I am satisfied; if I’ll stay here longer, depends on the company. The biggest problem – language barrier; I’d like to learn the language’ (Kilrush Ethnic Minorities Focus Group, 7th June 2007).

Amongst the working ethnic minority population, the demand for English classes was consistently high. A group of sixteen Polish workers explained that one of their biggest needs

was the availability of English language classes and information about how to obtain access (Kilrush Ethnic Minorities Focus Group, 7th June 2007).

On the one hand, accessing the information about language classes can be difficult with limited language skills; on the other hand, sometimes finding time to take language classes can also be difficult. This situation may be exacerbated by a lack of flexibility from employers. A VEC language tutor explained that sometimes employers are willing to be flexible in order to support employee language learning, but this attitude is rare:

‘There is a daytime class where the employer actually gives them time off in lieu in order to attend the English class ... The other employers are not particularly interested in having English as a priority as far as I can see and they should be making it a priority’ (VEC Tutor Focus Group, 15th May 2007).

Social Integration

The social constraints provided by limited language acquisition amongst ethnic minorities are varied. In some cases, poor English language skills foster ghettoisation and marginalisation of the immigrant group. In other cases, a lack of English language skills can provide additional stresses and strains to family life, causing disproportionate burdens to be placed on more proficient linguists. The incidence of children acting as family representatives and translators is a case in point, with potential long-term harm for children’s development. In other cases, the impact of inadequate English language skills can be much more direct, when required services or assistance are not forthcoming.

In relation to social integration, many research participants explained that limited language skills tended to prevent them from mixing more in Irish company. In one focus group with a VEC language class, students were asked if they would invite Irish people to a party. Many reported that it was difficult for their compatriots to mix with Irish people due to limited English. Several members of VEC Student Focus Group (15th of May 2007) stated that they wouldn’t socialise with Irish people, not because they didn’t like them, but because communication was too difficult. In this respect, the importance of the VEC English language classes were acknowledged by a number of participants, not only for their training purposes but as a means of social integration as well:

‘This is really a meeting point, it’s like a club for us and you can meet people from all other countries and Irish and everybody is so friendly here to everybody’ (VEC Student Focus Group, 15th May 2007).

Aside from the social implications of English language acquisition, the costs of not developing linguistic proficiencies are varied. The view that in many cases it is only in times of an emergency that people’s language problems were being discovered was a common one:

‘Polish people they go to factories and the whole shift is Polish. The shops that you go

you find Polish people but then they go to tax office, they are lost. They go to court they are lost.....they go to hospital if it's an emergency but difficulties emerge and they are lost. So that's the area that should be addressed really by somebody' (Scariff Ethnic Minorities Focus Group, 1st June 2007)

Sometimes, this burden is taken up by other members of the community who tend to act as group representatives or translators – though this in itself may add another pressure to the immigrant experience:

'Some people from my country they don't speak English very good and I help them speak English to Irish and then I have to speak my language, it's very difficult' (VEC Student Focus Group, 15th May 2007).

This pressure is perhaps most unwelcome when it must be borne by children of families with poor language proficiency. The difficulties regarding the use of children as familial translators were noted in the Health and Welfare focus group (21st May 2007). In trying to communicate with parents, health workers often have to depend on children for translation. As one of them pointed out, this 'isn't very ethical because there are a lot of personal health problems, issues that you'd be addressing' (Health & Welfare Focus Group, 21st May 2007).

Service Providers

The importance of being able to adequately communicate as service providers was noted in the Clarecare focus group (29/05/07):

'We've actually had several people presenting now pregnant who cannot speak English, who would like their baby adopted because they are over here working and they haven't told the family back home that they are pregnant and they want to go home without the baby. And to fill in all the formalities, the forms, to even listen to their plea we don't have the expertise' (Clare Care Focus Group, 29th May 2007)

In the Knockalisheen Service Providers focus group (19th June 2007) the participants stated that they were able to avail of a translation service from Dublin for confidential medical consultation via the phone. However it was stated that in some cases people would bring a friend along to translate on minor consultations.

Translation Services

The lack of available translators was highlighted as a grave concern in nearly all focus groups. In some cases schools had to use pupils to translate documents or to convey messages to parents:

'We had this child that we were getting assessed last Friday and he didn't turn up for school on Friday. So I had to get a sixth class girl's cousin's husband to go and ring their house for him to come into school, because the father has no English whatsoever. And then the other part of getting the assessment was the father's filling in the form to make 'an informed choice'. He signed the form giving permission to carry out an Educational Assessment, but quite frankly, I didn't think the man really knew what he was signing. And we don't have a translation service' (Primary Education Focus Group, 5th June 2007).

Lack of translated information about medical services distributed through school was a problem:

‘Especially around the whole medical services area I think it’s a big thing and especially when there’s a HSE meeting, the whole thing about vaccinations and information on vaccinations. Like we’ve vaccination letters going out at the moment they’re all in English’ (Primary Education Focus Group, 5th June 2007).

It was questioned why the HSE could not go through the required forms for Primary and Second Level schools and get them all translated into twelve, fifteen or twenty languages. There was a perception from members of the Primary Education Focus Group (5th of June 2007) that the HSE had decided at a senior level that there would be no flexibility on the issue of translation.

SUMMARY

- ❑ Parental support is a critical factor in children learning English, and it is perceived that among certain immigrant groups this support is weak.
- ❑ Schools should consider drawing more upon Gaelscoileanna experiences for English language teaching.
- ❑ Schools should explore successful models of best practice for teaching language.
- ❑ Demand for English language classes is very high among working migrants.
- ❑ Language is an important factor in effecting social integration.
- ❑ Service providers need much more translation support.

4.2.7 Social Integration

This section focuses upon the various ways in which immigrants can join their host society and begin to share a wider sense of community with local citizens. There are different paths to social integration, and historically immigrants often continue to feel affinities from sharing a common homeland while simultaneously building fresh links with the communities into which they arrive and live. Such affinities may be inherited over generations: the experiences of Irish Americans are a case in point.

This report has already considered some of the ways in which the social integration of immigrants can be facilitated or hindered. Education and, more narrowly, learning the local language are especially important in helping immigrants to begin communicating with people around them and to begin understanding local conventions and values. The world of work can also help to create solidarities between immigrants and more established communities. However, experience has shown that if immigrants arrive to work in enterprises in which they do not share the same rights and entitlements as citizens, or in which they work only with their compatriots, then working experience can help to set immigrants apart from their host communities rather than generating ties between them.

The research has provided evidence about others ways in which new immigrants in Clare can succeed or fail to make connections with local people and, more generally, to begin to perceive themselves to be full members of the Clare community. In this section, the research explores the degree to which immigrants succeed in developing friendships with local people.

Making Friends

One important way in which new arrivals might begin to develop fresh social connections is through their children attending school. Respondents in focus groups and the responses received from questionnaires (see Figure 11) provided reassuring evidence that this indeed is the case: that immigrants seem to develop local friendships quite widely through meeting the parents of their children's classmates. For example, among 52 respondents who were interviewed through the questionnaire directed at refugees and asylum seekers, 27 had made friends with local Irish people. Of these, 21 agreed that they had made friends with parents of their children's friends at school.

Among these respondents the largest national group were 15 Nigerians, and of these, eight had formed local friendships through this route. Interestingly, only four of the Nigerians cited friendships with compatriots resident in Ennis, and no Nigerians acknowledged friendships with non-compatriot immigrants. In other words, for this group of Nigerians, they were more likely to make friends with Irish people than with other Nigerians and other immigrants. More

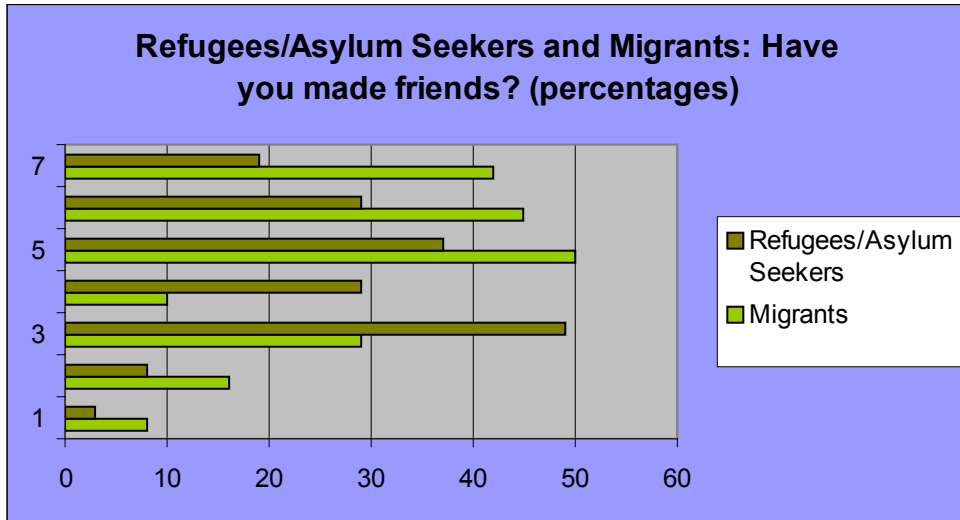
anecdotally, within one of our focus groups one nine-year resident Nigerian woman spoke to us in detail about her close friendship with Irish neighbours in Kilrush, which developed initially through children. Her children, she said were ‘very rooted in their locality’ (Social Integration Focus Group, 27th May 2007).

The perception that school and the relationships developed at school enabled children to acquire a local sense of belonging was expressed quite frequently within focus groups. A Polish parent stated that her children had become ‘very integrated (through school), they’re Irish’ (Ennistymon Ethnic Minorities Focus Group, 28th May 2007). Another group of Polish parents concurred that their children were experiencing no problem in making local friends. However, this was also a source of anxiety for parents as they felt that their children had picked up bad habits through peer pressure. They also felt that Irish parents give children too much freedom (VEC Student Focus Group, 15th May 2007). A Bangladeshi couple, resident for one year, confirmed that their children have made friends whom they bring home and whose homes they visited for birthday parties and other social events. Through their children, this couple had developed a good relationship with their Irish neighbours (VEC Student Focus Group, 15th May 2007). Among the asylum seekers and refugees whom we interviewed, 28 out of 30 respondents’ children had made friends with local children at school. Twenty-two had children who had been invited to other children’s homes, mainly for birthdays and parties, but several for more regular or routine kinds of play.

Not everybody’s experience was completely positive. A Ghanaian family had just moved into a new neighbourhood in which they were the only African household. They were beginning to make friends, but they had reasons to be wary about the interactions between their children and local residents. In the locality in which they had lived earlier, their children had formed friendships with neighbouring Irish children and the parents of the other children complained to the *Gárdaí*. *Gárdaí* arrived during the night and accused his children of harassment. The incident led to the family moving house (Social Integration Focus Group, 27th May 2007).

What is striking is the proportions in both groups who claimed to have made friends with local Irish people, just over half in both cases, 27 out of 52 among the asylum seekers/refugees and 40 out of 79 among the migrants. Within the migrant group, 17 out of the 29 Polish respondents had Irish friends.

Figure 11 Refugees, Asylum seekers and migrants’ responses to question: Have you made friends?

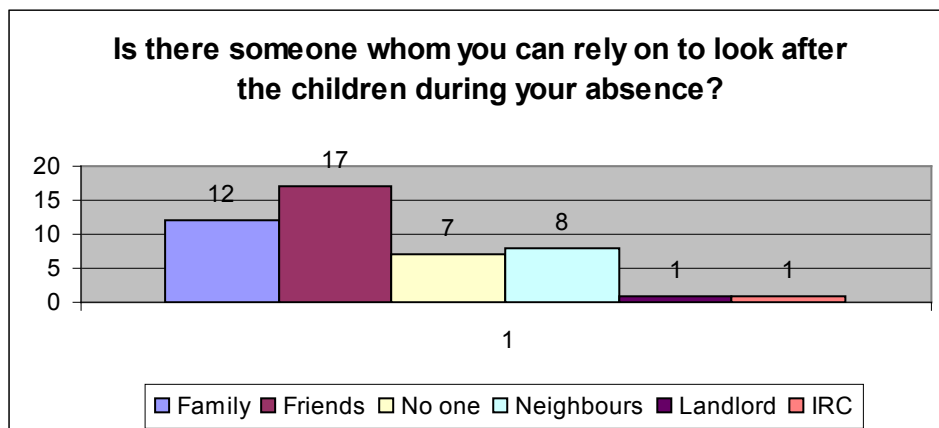


Key

- 1 – Not really
- 2 – Only Social contact with other migrants/asylum seekers with whom I live
- 3 - Have made friends more widely within the asylum seeker/migrant community
- 4 – With parents of children’s friends at school
- 5 – With local Irish people
- 6 – Have made friends with compatriots who live in Ennis
- 7 – Have made friends with people in the immigrant community who are not compatriots

In the questionnaires directed at asylum seekers and refugees (see Table 12), respondents were also asked whether in an emergency, there was a person or people upon whom they could rely to look after the children during their absence. Thirty-six of the asylum seeker/refugee group responded to this question (presumably the rest of the group did not respond to this question because they do not have children). Eleven of our respondents told us they would rely on other family members, 16 said friends (8 of these were Nigerian), 8 said neighbours, and one would ask their landlord, and one would leave their children with the Clare Immigrant Support Centre. A minority of six of the group said they had no-one to turn to in such a situation and, as we have noted, a majority of 24, two out of three, felt they could turn to friends or neighbours if in need.

Table 12 *Is there someone whom you can rely on to look after the children during your absence?*



Networks

Our questionnaire evidence suggests that West Africans generally and Nigerians particularly, have been successful in building connections with Irish co-residents (see Figure 11). However, focus group informants suggested that Nigerians were also especially likely to inhabit a world of quite dense overlapping networks, networks that engaged separately different communities of neighbours, their children’s school-friends’ parents, and for different purposes their own compatriots. Nigerians are excellent at networking, we were told, especially Nigerian Christians, even in the Knockalisheen accommodation centre, where they built networks both within and outside the Knockalisheen community. They were perceived as the best networkers within the community at Knockalisheen by the Ennis VEC Tutors (VEC Tutor Focus Group, 15th May 2007).

Nigerians within the hostel have been able to reconstruct the social life supplied at home through extended families. This support system seems to have provided the springboard that has enabled Nigerian migrants to establish themselves as settled local residents.

‘The Nigerians in particular are pretty fantastic at it. They are really good. You find they may have naming ceremonies, a few, six or seven days after and it’s a real connection and a real gathering... the majority of them have established good networks, you’d nearly able to identify the people that haven’t very quickly you know.’ (Health and Welfare Focus Group, 21st May 2007).

The Nigerian group at Cloughleigh elicited admiring commentary from one of the members of a different focus group. Nigerian parents at Scoil Christ Rí, Cloughleigh, we were told, were ‘very ambitious for their children and want everything for them’. They had their own ambitions too: ‘most of the mothers are doing courses in the morning time, they are doing PLC courses

and you never see them about' (Primary Education Focus Group, 5th June 2007). Among asylum seekers and refugees, incidentally, our survey indicated no significant gender differences with respect to participation in English language classes or adult education classes, though VEC tutors mentioned Somali and Sudanese women asylum seekers as being especially unlikely to attend classes or learn English in another way, unless they could be visited in their homes.

Comments about the Nigerians were not always positive. In one of our focus groups we were told by a participant that 'Nigerians tend to group together... they're not that open... It's as if they've been told to be careful what to say and they don't know whether you are a friend or an enemy' (Clarecare Focus Group, 29th May 2007).

At first sight our evidence, then, appears to be conflicting. On the one hand, the questionnaires indicate a strong propensity among Nigerians (and West Africans more generally) to form local friendships with Irish neighbours and parents of their children's classmates. On the other hand focus group informants, mainly service providers who have wide experience of Clare immigrant communities suggest that Nigerians have a robust sense of group cohesion. There is a perception that they may be clustering in certain neighbourhoods, and may even be guarded in their attitudes to outsiders. Both impressions may be valid, though: group solidarity may not preclude social connections with Irish people, and may help to generate the social confidence needed to deal with Irish institutions and officials. It may be no coincidence that a former Nigerian immigrant, Taiwo Matthew, has succeeded in winning a seat on the Ennis City Council. More generally, Nigerians impressed members of our focus groups by their propensity to take up local service.

Unlike many of the immigrants who arrive in Clare, Nigerians usually speak fluent English and are often well educated and are regular church attendees. Experience and longevity as a local community may also be important: Nigerians helped to constitute one of the earliest distinct and geographically concentrated African immigrant settlements, in the Lahinch Road vicinity of Ennis. Here both local residents and immigrants have been active in a Residents Association, which has sought to engage with immigrants. The Association began its immigrant directed programme through arranging a Santa Claus visit to families and there have been subsequent Christmas functions. In a more pragmatic vein the Association translates and distributes official booklets. However, though we heard warm sentiments about living in the Lahinch Road neighbourhood from residents in our focus groups, external perceptions of the community can be less favourable. On several occasions, Lahinch Road was mentioned as one of the potential ghetto areas, a locality in which 'the majority of people are not indigenous, that's a problem waiting to happen as well' (Clare Care Focus Group, 29th May 2007).

On the margins

If West Africans represent among the Clare immigrants a relatively well integrated group, with social networks enriched and extended and complicated by local friendships, Czech and Slovak Roma seem to be especially socially isolated.

Focus group observations suggested that Czech-Roma women are particularly marginalised socially, tending to remain in the home even when all their children were at school (VEC Tutors, 15th May 2007). Only one Roma out of sixty mothers at Ennis Educate Together School (a favourite school for Roma parents) can drive.

In addition, Roma children are erratic school attendees. The girls especially leave school early to marry, despatched for this purpose by their families to the Czech Republic at very young ages, fourteen or fifteen sometimes. In general, we were told, 'Roma don't really integrate with the Irish either, they stick to themselves... (and remain) very reliant on family or friends' (Primary Education Focus Group, 5th June 2007). Even at school, Roma children were likely to cluster together, learning English very slowly, marked out from their classmates by their participation in a 'Gangsta' sub-culture imported from the Czech Republic and derived from African American Rap music, an internalisation of their stigmatised 'black' status in the Czech Republic (Primary Education Focus Group, 5th June 2007). As stated earlier in the Methodology section, the evidence in the report includes no direct testimony from Roma informants: unfortunately they were absent from the focus groups and from the groups interviewed through questionnaires. In any follow-up research, interviewing Roma informants should be a priority.

Encapsulated communities

Polish migrants were also a group that were a target for generalised comments. They appeared to fall into two groups with respect to the extent to which they become connected to local social life. These groups probably correspond to the categories identified earlier in this report in the section on work:

1. People with relatively open access to the labour market, that is, entering Ireland with work visas and well qualified and educated, and usually quite young.
2. Trade and craft workers, employed in factories or in construction and generally male including a significant group of older men.

In our survey of migrants, most of our respondents evidently belonged to the first group, mainly engaged in the service sector: 28 were employed in hotels and restaurants. Only one worked in a factory, though seven were employed in construction. Of this group, many were third level educated, so large proportions were working below their skill level.

Both groups, young and well-qualified and older craft workers, are present in the large Polish community living in Kilrush. For example there are six hundred Polish workers, contracted by a Polish company, who work at the Moneypoint ESB power plant near Kilrush, mainly on shift work: among these, there is a sizeable take up of English language classes. For this group, work would provide very limited social interaction with Irish people. In general, it was reported that where large groups of Polish workers were employed, they would sit together during work-breaks (Ennistymon Ethnic Minorities Focus Group, 28th May 2007). During tea breaks, Polish

and Lithuanian workers on Ennis construction sites sit in separate areas from the Irish (Social Integration Focus Group, 17th May 2007).

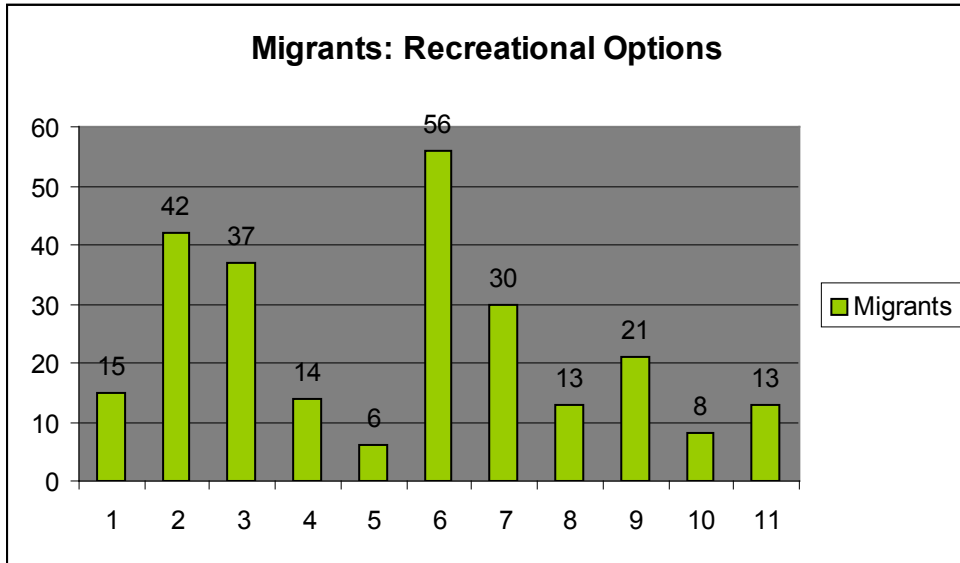
However, Polish families as well as young single men live in Kilrush. Respondents in one focus group perceived that attendance at local churches and, for women in particular, the experience of working in shops was important in helping to foster social connections with local people (Health and Welfare Focus Group, 21st May 2007). One observer reported that the Polish population in Kilrush falls into two groups, that is, middle class settled families and transient males – two quite separate communities in fact (VEC Tutors Focus Group, 15th May 2007).

Eastern European male alcohol abuse through street drinking was raised as an issue in the Health and Welfare Focus Group. Respondents in the focus group also expressed concern that Irish girls were having problems with East European men in pubs, and teenagers from secondary schools felt intimidated (Health and Welfare Focus Group, 21st May 2007). In Ennistymon, life is comparably bleak for single male Polish construction workers. A participant in a focus group constituted by migrants in Ennistymon had this to say about members of their community: ‘They know nothing about English and they were forced to come here and they arrive its like in and out of work and then back home. Four, five people live in same house.... Probably just sending money’ (Ennistymon Ethnic Minority Focus Group, 28th May 2007).

Migrant workers lamented the absence of sports facilities in Ennistymon. The men began to use a basketball court next to the school but were then asked by a school administrator to leave. They were told that the schools did not have the appropriate insurance cover (Ennistymon Ethnic Minority Focus Group, 28th May 2007). More generally, East European immigrants are often taken aback by the lack of public sports facilities in Irish towns: provision of a range of free sports facilities was a routine commitment in the welfare systems of Communist administrations and remains a public expectation in many parts of Eastern Europe.

Questionnaire evidence supplied by migrant workers attending language classes supplies a slightly less dispiriting picture than the above representations of life out of working hours at Ennistymon (see Figure 12). The questionnaires were completed in Ennis, which as the main county town has the fullest range of recreational options. Of 71 respondents, 15 cited access to nearby sporting facilities (7 of these were Polish). Twenty-eight of these respondents were Polish and seven used local sports facilities. Forty-two acknowledged access to public libraries, 37 used pubs, and 30 had attended the cinema and 56 accessed the internet. Twenty-one (including 12 Poles) watched live sport and eight attended GAA fixtures. Roughly the same proportions of usage of recreational alternatives were evident among the asylum seeker/refugee group: here East Europeans mainly constituted the pub-going group – and only one Nigerian reported visiting pubs.

Figure 12 Migrants' recreational options



Key:

- 1 – Nearby sporting facilities
- 2 – Public Library
- 3 – Pub/Bar
- 4 – Community Centre
- 5 – Youth Club
- 6 – Internet
- 7 – Cinema
- 8 – Theatre/Arts Centre
- 9 – Watching Sport
- 10 – GAA
- 11 - Other

In the case of the comparatively large Polish community, church-going or visiting the pub may not represent opportunities for contact with local people: both Ennis and Limerick have Polish clergymen, Polish pubs and other provisions for sustaining Polish community life. The availability of Polish radio services and, through satellite Polish television may help to insulate further the Polish immigrant communities. The Polish participants in English language classes in Kilrush listened only to Polish radio and watch only Polish television (Social Integration Focus Group, 17th May 2007). This impression was partly substantiated by our questionnaire evidence: 17 out of 24 Polish respondents watched home country satellite programmes, and a minority of 10 watched RTE. In this context, the minority of migrants who watch live GAA fixtures may represent a group especially likely to develop social networks that embrace local people.

Experience of racism and xenophobia

Formation of social networks that include local people and being able to negotiate entitlements successfully with officials need not preclude racial discrimination or, at the very least, perceptions

of being victims of racial resentments. As noted earlier in the chapter, West Africans are generally acknowledged among service providers to be well integrated socially, partly because of their fluent English and their knowledge of their rights (Health and Welfare Focus Group, 21st May 2007). As we have seen, there is plenty of evidence to indicate that West Africans form local friendships with Irish people, especially neighbours and the parents of their children’s classmates.

Even so, most of our Africans respondents felt they had been subjected to unfair treatment or even hostility because of their racial identity. Most of the West African respondents in the Social Integration Focus Group complained of experience of racism when seeking employment, citing in particular their difficulties in obtaining interviews. There was a perception of that there is an unwritten policy in Ireland of ‘jobs for our own’ (Social Integration Focus Group, 27th May 2007). Social Workers supplied corroboration of these allegations. For example, African volunteers were difficult to place because families won’t accept them, a family support worker claimed (Clarecare Focus Group, 29th May 2007).

In the questionnaires, 30 out of 52 asylum seekers or refugees had either no experience of racism or racial discrimination since their arrival, or had not experienced it ‘very often’ (See Table 13). 18 of this group were African – more than half the Africans interviewed with this questionnaire. This is reassuring. However, among the 22 respondents who did cite racist experiences, 21 had encountered racism in their everyday interaction with local people. Small minorities reported about their children’s experience of racism at school, and seven respondents, five of them Nigerian, said they had met racist officials.

Table 13 Refugees and asylum seekers: experience of racism

	Refugees	Asylum seekers
No, not at all	8	5
Not very often	15	4
Some hostility in everyday encounters with local people	14	9
From other children at school	2	2
From teachers	2	1
From officials	4	3
In the media	3	1
Total	48	25

Among the everyday incidents reported in the asylum seeker/refugee questionnaires the following kinds of treatment were reported.

Some comments cited were:

‘Respondent went shopping and the lady at the till threw the change at her instead of giving it to her and could not say even ‘sorry’ or ‘thank you’.’

‘The only time the person feels racism is when in the shops. Sales assistants don’t think interviewee is a serious customer. They think the interviewee might steal something instead of buying.’

‘A Garda told him to go home and called his wife a black (xxxx)...’

‘A beautician refused to serve her because of her colour.’

‘I was told to go home at the door of the post office. It is very common to be called ‘monkey’.’

In another section of the questionnaire we asked asylum seeker/refugee respondents whether they felt safe where they lived. The majority of respondents (44) reported that they did feel safe. However, 10 out of 54 respondents replied that they felt generally unsafe. Most commonly, such beliefs about safety were held mainly by men who encountered hostility from local residents when meeting them in the street or in shops. There was no obvious propensity among any particular nationality to feel insecure. However we also asked our respondents whether they would report the crime to the *Gárdaí* if they were assaulted. Nine out of 52 said they would not. Of these, six were West Africans. Three respondents felt that the *Gárdaí* would not be interested in crimes committed against non Irish nationals. Two did not want to draw attention to themselves, and one did not trust the *Gárdaí*.

Table 14 Migrant workers: experience of racism

Question: Do you feel that you or your family members have experienced any discrimination or unfair treatment because you are not Irish since your arrival in Clare?

No, not all	33
Not very often	18
Some hostility in everyday encounters with local people	19
From other children at school	1
From teachers	2
From officials	2
At work	3

Among the 82 respondents to the migrant questionnaire (see Table 14), 51 had no or infrequent experience of racist treatment. Of the 27 who had become more familiar with racial or xenophobic sentiment, including 10 out of the 29 Poles who completed the questionnaire, 19 had experienced

what they perceived to be racist hostility in everyday encounters with local people. Migrants cited rudeness at counters in post offices and social welfare offices in several questionnaires and it was cited on three occasions that ‘people in shops, they curse Polish people’. ‘Some people are not happy with Polish people in Ireland’. However, certain perceptions of racist inequities may be a consequence of legal difficulties that confront all new immigrants to Ireland, irrespective of their identity, as in the case of the respondent who complained that ‘In a bank I tried to open a bank account, but when Irish people open a bank no problem’.

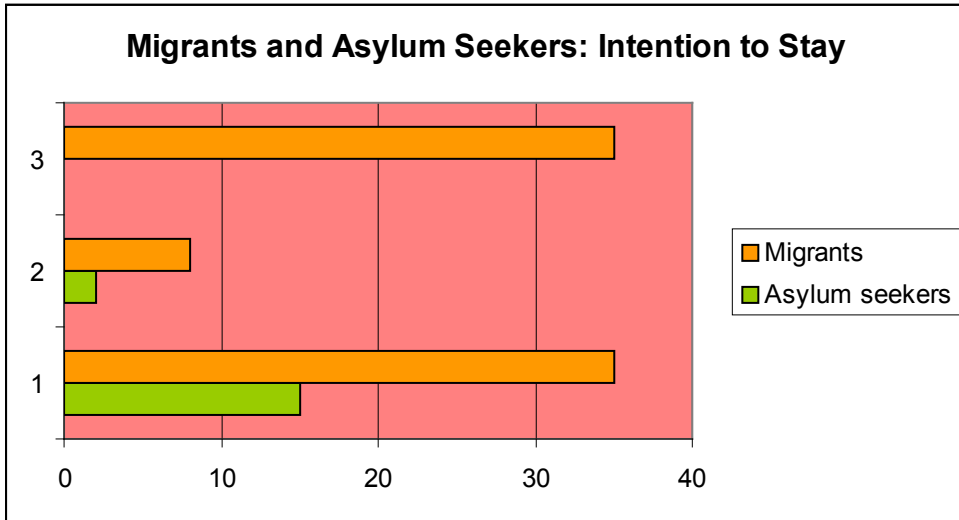
In summary, then, despite an impressive record for developing locally-based social networks, a significant minority of Clare’s new residents often feel unwelcome. Africans and Eastern Europeans alike perceived that they were resented for taking up local employment, subjected to rude treatment in shops and explicit racist abuse in streets and public places, and more occasionally experienced racist officials.

Generally, it needs to be emphasised, the discriminatory treatment experienced by our respondents has been the consequence of individually-held attitudes, not the expression of institutional racism. Of course, it could be maintained that racial hostility directed against members of the asylum-seeker community is in part the indirect consequence of official policies that are intentionally punitive, especially with respect to the enforcement of direct provision since 2000. Moreover, the social isolation of certain migrant workers, as well as the difficulties Africans experience obtaining employment, is partly a consequence of official policies that afford different immigrant nationalities different kinds of access to the labour market. Even so, it is noteworthy that most of the voluntarily expressed examples of racism recorded in our survey were by members of the public, not officials.

Prospects for Social Integration

The questionnaire evidence indicated a large majority of the asylum seekers, 15 out of 17 who addressed the question, would like to stay in Ennis if their applications for asylum are successful (See Figure 13).

Figure 13 Migrants and asylum seekers' intention to stay



Key: 1 – Yes; 2 – No; 3 – Don't Know

With respect to the migrants who completed questionnaires, 35 said they would like to live in Ireland permanently, including 10 of the 29 Polish respondents. Only eight said they would not, and another 35 didn't know. It is reasonable to assume that their eventual decision would be influenced by the considerations we have just reviewed in this section of the report.

SUMMARY

- The survey and focus group evidence suggests that immigrants enjoy stable social relationships with local people and that they are especially likely to form friendships as a consequence of their children's experiences at school.
- Migrants who make impressive progress towards social integration also rely heavily on networks constituted by their compatriots in Ireland.
- Some immigrants have experienced racial discrimination.

Chapter 5: CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

General Setting

Over the past decade, Ireland became one of the fastest growing net recipients of immigrants within the European Union. Most of its new residents enter Ireland on work permits, though growing proportions are unrestricted arrivals. They are here as a consequence of their entitlement to work and live in Ireland as citizens of the European Union. A declining proportion of immigrants to Ireland are asylum seekers.

The emphasis in government policy towards immigration is still directed at the regulation of asylum seekers, with especial concerns for their reception and processing. In general, the government has developed its policies towards immigrants piecemeal, and there is no overall strategy to achieve the full integration of the immigrant population as long-term residents who can join their host community as active citizens. Much of the responsibility for providing for the special needs of new immigrants the government delegates to voluntary and private-sector organizations; this tendency also works against the development of a unified long-term strategic vision. However individual departments, notably Health, Education, An Garda Síochána, and Employment have begun to develop their own specific programmes to meet immigrant needs, including interpreter services, translated information, language support teaching, and so forth.

Nearly one-third of the immigrant population are employed in hotels and restaurants. Roughly equal proportions of approximately 15 per cent work respectively in the retail sector, in manufacturing, and in construction: in these enterprises immigrants make a very significant contribution to overall activity.

Asylum seekers cannot work. In certain respects their situation has deteriorated since 2000, the year in which the government compelled all asylum seekers to live in directly administered hostel-style accommodation.

As noted earlier in this report, national survey evidence suggests that attitudes amongst Irish citizens towards immigrants have become more hostile. Our survey evidence tends to confirm that such hostility exists. A large majority of the refugees and asylum seekers consulted in the survey complained about hostile or discriminatory treatment and culturally condescending perceptions directed at them by their hosts. On the other hand, it should be noted that in the case of the EU accession workers, the survey evidence suggests that the majority had experienced none or very little hostility.

Work

This research report demonstrated that immigrant status affects work experiences in Clare. The clearest distinction was between workers who entered Ireland as contracted employees on work permits and those with full residential and employment rights. The latter are more occupationally mobile, they are more socially outgoing, and they are more assertive in seeking entitlements and defending their rights. Meanwhile, many of our African respondents reported difficulty in obtaining employment and felt that when working they were subjected to racial discrimination. Generally we found there was a need for more widely available information about the rights and benefits to which all workers are entitled, irrespective of status.

Accommodation

Most of the immigrants encountered in the research, both migrant workers and asylum seekers/refugees, lived in privately rented housing. Asylum seekers and refugees paid for it partly through their rent allowances. They tended to move house rather often. They perceived that landlords tend to prefer European Union accession workers. Recipients of rent allowances reported difficulties in finding affordable accommodation and often ended up paying additional premiums to landlords. Non-EU migrants were especially likely to report experiences of harassment from neighbours. Partly because of these difficulties a pattern of ‘ghettoisation’ is beginning to emerge in the larger centres, especially in Ennis. The issues that arise in direct provision accommodation are referred to later in this concluding section.

Direct Provision

The findings refer to the experiences of a sample of the 250 or so asylum-seekers living at Knockalisheen Centre. There can be no doubt, though, that the policy of accommodating families for long periods at Knockalisheen is inappropriate. The Centre represents an inhumane environment for families who have to stay there long-term. Many of Knockalisheen’s residents have lived at the Centre for years.

Health

Immigrant status affects health: this finding was especially obvious from discussion in the focus groups in regard to illegal immigrants. Asylum-seekers, especially those living in direct provision, suffered from the effects of trauma as well as the emotional and psychological stresses that arise from living in an overcrowded institutional setting. With respect to European Union workers, single male migrants emerged as a group that may be especially susceptible to health problems associated with life style, for example: heavy alcohol consumption.

In meeting the needs of immigrants, health workers often encounter language difficulties, and, more subtly, the problems that arise as a consequence of cultural misunderstandings. Tracking and record-keeping presents especial difficulties with a population which moves residence quite frequently, and which may be unable to present detailed documentation about earlier medical care. More positively, high proportions of the migrants and the asylum seekers/refugees who participated in the survey had found local doctors and other health workers to be helpful and sympathetic.

Education

Six primary schools in Clare had especially large enrolments of immigrant children: these ranged from 16 per cent to 48 per cent of total enrolment. The presence of immigrants within the secondary-school population was not so evident: the highest five secondary school enrolments ranged between 3 and 15 per cent of total enrolment.

Roma children appeared to be especially prone to absenteeism and to high levels of drop-out during their teens, particularly among girls. Schools with high concentrations of Roma children badly needed additional language teaching support. EU accession migrants' children were also likely to be affected by language issues, and also by faulty class placement as a consequence of the lack of standardised educational attainment testing procedures. Nigerian children, on the other hand, (and African children more widely) seemed to encounter comparatively fewer educational difficulties. Amongst the parents surveyed, both migrants and asylum-seekers/refugees, perceptions about their children's treatment by teachers were broadly very positive.

Social Integration

The survey evidence indicated a large majority of the asylum seekers and a significant share of the migrants who completed questionnaires would like to live in Ireland in the long term. Hence the extent to which these different communities have succeeded in forming local social connections matters. Encouragingly, the majority of respondents, both among the asylum seekers and within the migrant worker communities, have succeeded in making friends with Irish people, often initially through social relationships developed by their children at school. At the same time, though, both groups seemed to rely heavily upon their networks within their own national or regional groups. Eastern European immigrants were more likely to be socially marginalised or wholly encapsulated by their own indigenous networks and subcultures: Czech Roma families and Polish male migrant workers were two cases in point.

All groups with whose members we conducted interviews complained of racism, normally from casual encounters especially in shops. Entrenched or institutionalised discrimination within

bureaucracies seemed to be rarer, though several informants mentioned racial hostility from the *Gárdaí* or discrimination against foreigners.

However, some of the testimony recorded indicated that full integration is often not the goal of the immigrants themselves. Long-term intentions can change, however, especially as children in immigrant families grow older and develop their own sense of local identity, a tendency evident in this research and in other investigations. In any case, for many of the asylum seekers and the refugees, their departure from home was prompted by considerations that have not changed.

5.2 Recommendations Arising from the Research Findings

There are findings from the research detailed in this report that suggest that important shifts in policy are needed if Ireland is to address the issues that have arisen as a consequence of recent immigration in ways that will enable immigrants to become integral members of the wider communities they have joined.

Policy

These would include such measures as increasing the powers and the resources available to labour inspectors so that the growth of a workforce divided by uneven access to rights and entitlements and often very vulnerable exploitation by employers can be halted. Similarly the system of enforced direct provision for asylum seekers is inhumane. It creates social barriers between the asylum seekers and the society around them, and it helps to foster racial prejudices directed against them. The effects of government policies towards asylum seekers are at odds with the more generally professed official commitments to anti-racism. A first positive measure that would signal a more constructive approach to asylum seekers would be the establishment of the long delayed Refugee Advisory Board.

A wide range of measures that would promote integration and improve the day to day experience of immigrant communities do not require major policy shifts, though.

Work

With respect to problems encountered by immigrants in the workplace or in the labour market, the provision of carefully directed information could prove to be very helpful. There is clearly a need for greater provision of information about basic employment rights, though there also appears to be a need for a more broadly based and basic introduction course on ‘orientation to working in Ireland’ – which might cover a range of issues including concrete rights and entitlements, but also less concrete issues such as Irish workplace conventions.

Africans complain that would-be employers often assume that they cannot speak fluent English, and that they lack other skills. More information about the cultural background of African immigrants and the status of the formal qualifications they offer in the labour market would be helpful. Sub-contracted Polish workers are often ignorant about the rights they do possess in the Irish labour market and here again, targeted Polish language publicity describing rights and entitlements relevant to their situation could be produced by local NGOs and circulated in the areas where these groups live and work. All immigrants workers need to be supplied with information about Irish work practices, because, as noted in this report, many conventional sorts of behaviour in Irish offices or businesses may be misinterpreted by migrants as exclusionary or in some other way as discriminatory.

Official Measures to Promote Mainstreaming

Compared to other policy spheres, it must be conceded that employment is one area in which mainstreaming has been addressed. The Department of Trade, Enterprise and Employment provides information on employment rights in Chinese, Czech, English, Hungarian, Irish, Latvian, Lithuanian, Polish, Portuguese, Romanian and Russian. FÁS, Ireland's State training and employment agency, launched a comprehensive 'Know before you go' information resource in 2005, aimed in particular at would-be migrants to Ireland. The material is available in Czech, German, Estonian, Greek Cypriot, French, Polish, Latvian, Lithuanian, Hungarian, Maltese, Slovakian and Slovenian. Key legislation does not distinguish in any way between Irish and migrant workers; rights and entitlements in employment are unrelated to country of origin. The Employment Equality Act 1998 as amended by the Equality Act 2004; as well as the work of the Equality Authority, Equality Tribunal and NCCRI also attempt to promote anti-racism in the workplace.

Accommodation in the Community

With respect to accommodation issues, the level of rent allowances that support refugee families needs to be addressed. At present, the practice of families using their allowances to pay for only part of the rent charged by landlords and hence concluding agreements with landlords that have no legal status causes insecurity and abuse. Meanwhile local authorities in County Clare need to monitor the extent to which certain neighbourhoods have started to accommodate concentrations of poor immigrants. To a certain degree such clustering is unavoidable, and may even in the short-term represent a source of security for immigrants. However, if it is accompanied by deterioration of infrastructure and housing stock then it risks the creation of segregated and stigmatised ghettos. Support and encouragement is needed for community-based associations that attempt to build bridges between immigrants and Irish co-residents.

Health

On health issues, the most pressing need identified in this research is the wider access of psychological counselling and other forms of psychological and psychiatric care. It was found

that asylum seekers were often in a state of depression or distress from the effects of past trauma and life in restrictive institutional settings. More broadly, an accessible and affordable form of medical insurance is an option that needs to be explored for those migrant workers who do not have ready access to Irish public medical services. Meanwhile health providers need a greater range of translation facilities to help them communicate with immigrant patients. Tracking the health of migrants who change residence frequently is especially difficult, and is a problem that needs to be addressed systematically by health administrators. Medical workers need more information about the health systems of the home states of refugees and migrant workers, as well as better insights into their cultural sensitivities: such information would make consultation and diagnosis much more effective.

Education

The research findings suggest a range of recommendations concerning education. Roma children would benefit from especially dedicated language teaching through pre-school care facilities. These would need to be established through negotiations with members of the Roma community in a way that acknowledged the priority this group accords to maintaining its culture, given its grim historical experiences in Eastern Europe. Roma children at primary and secondary schools need more language training than can be provided with the present level of resources. Standard aptitude tests that can be administered and analysed in the home languages of incoming migrant children would improve their appropriate placement in classes at the correct level.

Educators also need psychological assessment tools in languages the children speak. Special needs assistants with fluency in migrants' languages represent a powerful resource though experience in trying to recruit people with such qualifications has so far been discouraging. If public libraries maintained stocks of foreign language texts it might be easier for teachers to encourage parents to read to their children in their home languages: any home support for reading is a critical variable in educational progress at school, irrespective of the language in which such support is available. It is also recommended that children should have access to language labs and other technological aids, such as MP 3 players loaded with English stories, lessons and music to immerse them in the language.

Language

Official encouragement to employers to allow workers to attend English language classes through time in lieu arrangements would be very welcome. Adult education services such as those supplied by VEC in Ennis meet a range of needs, quite aside from language instruction and other kinds of training: most importantly they provide a social centre and facilities for network building and information access.

Social Integration

Given the nature of the complaints about discrimination that surfaced in the focus groups and in surveys, it is suggested that targeted anti-racism initiatives should be undertaken especially directed at shop workers. More generally, employers and Irish co-workers need to be better informed about the cultures and backgrounds of their immigrant employees and colleagues. In workplaces where such groups are likely to be concentrated, it might be sensible to design and provide programmes for such cultural awareness. The success of such initiatives within the Gardaí should be reviewed in the light of the experiences recorded in this report.

Accommodation in Direct Provision

Finally there are a number of measures that could improve the quality of life at Knockalisheen. More support for more social activities would represent a good investment: the undertakings mounted by the Health Education Programme have engendered an enthusiastic response. The possibility of including residents in food preparation or providing facilities for same should be explored. A safe and properly equipped play-room for children represents an urgent need: the residents themselves could provide supervision – such a facility need not represent an extension of the existing crèche. The Centre should also set aside a room that can be used for social purposes – for the Centre’s residents and their visitors. Clearly the men’s recreation room does not fulfil that function. Alternative accommodation should be found for the group of single men who have lived at Knockalisheen since 2003. Knockalisheen residents should be afforded easier access to psychological counselling.

However, such measures cannot address the main issue. The argument bears repetition. Any kind of institutional accommodation in which families are unable to maintain self-sufficient households is in the long term harmful. The facilities at Knockalisheen are appropriate only for short-term accommodation. Compelling people to live with their children in such a facility for years on end undermines their long-term capacity to manage their own lives and to become active participants in wider society.

POSTSCRIPT

A number of developments have taken place since the writing of this report.

In November 2007 the HSE launched the National Intercultural Strategy 2007-2012 which provides a framework via which both staff and service users may be supported to participate actively and meaningfully in designing, delivering and evaluating the provision of health care to minority ethnic service users.

On a regional level, the Mid-West H.S.E Social Inclusion Unit has established a Multicultural Health Forum on foot of launching a Multicultural Health Needs Assessment in 2008. The Forum aims to develop an intersectoral action plan to support the health needs of immigrant communities in the Mid-West region.

An Interagency Steering Group was established in County Clare in late 2006 to develop an integrated strategy for the coordination of services to the immigrant communities in the county. This group has completed a three year strategy statement entitled: “Strategy Statement for an Integrated Strategy for the Coordination of Services to Immigrant Communities in County Clare 2009 -2012”. This document contains actions focusing on five core themes of:

- Health
- Education
- Work and Training
- Language and Communication
- Community Participation and Social Supports.

Over thirty agencies and disciplines have signed up as either leads or partner agencies to the delivery of the actions over the implementation phase of the strategy. Some of the recommendations contained within this report are reflected in the strategy.

The H.S.E Mid West and the Reception Integration Agency are collaborating to develop an appropriate response to issues raised by research participants in this study. The preliminary response to the documents listed below has been provided by the Reception and Integration agency.

- a) ‘Getting to Know You’. A local study of the needs of migrants, refugees and asylum seekers in County Clare.
- b) ‘Renting Life in Ireland – Will you see me now?’. The experiences of young asylum seekers/refugees and children from ethnic minority living in County Clare, and
- c) Draft Strategy Statement for an Integrated Strategy for the Co-ordination of services to Immigrant Communities in County Clare 2009 -2012

Extracts from the response are set out below:

Response to draft Strategy Statement for an Integrated Strategy for the Co-ordination of services to Immigrant Communities in County Clare 2009 -2012. (Extracts from letter from Mr. Noel Dowling, Principal Officer, The Reception and Integration Agency to Mr. Tony Quilty, Social Inclusion Specialist, HSE West, 19th March 2009).

- Points raised by residents in the various focus groups in relation to families sharing rooms need to be examined in detail in relation to their accuracy.
- Food and privacy issues feature largely in the reports. RIA do not accept that in Knockalisheen, or in any other Direct Provision centre, ‘food poverty’ exists. RIA would say that adults and children in their centres have as good a standard of nutrition as have the community in general and, indeed, have a much higher standard in comparison to those in the ‘indigenous’ society.
- RIA take issue with the references to food in this research document which quotes a Limerick Leader article on 9 January, 2007, on a protest in Knockalisheen, that a resident said that ‘...at meals, we find foreign objects such a hair, broken plastic shards ...(in the food). Reference is then made to ‘participants in the Knockalisheen Focus Group (13 June, 2007) supplying corroborative detail on these events’. No details of such corroboration are given. At least three formal (and unannounced) inspections of Knockalisheen are carried out each year by RIA staff and an independent company and particular attention is paid to the kitchens. No corroboration of the above has been found. The reference to Muslims being offered only pork to eat is unfair. In no circumstance would that be the only food on offer to Muslim residents. Indeed, it should be noted that all meat procured is Halal meat, in deference to the needs of the Muslim population.
- Knockalisheen provides basic shelter and board but does not represent suitable long term accommodation for the families who live there is an arguable point. The circumstances in which RIA was established are well known. Direct Provision, run by the Department of Justice, Equality and Law Reform, was the only system that could have fulfilled Ireland’s humanitarian and international obligations and, at the same time, not have created an economic pull factor for economic migrants using the asylum system to enter the State.
- The asylum system is, for the most part, a quick and efficient process but difficulties arise from, for example, Judicial Reviews or cooperation with getting documentation to allow failed international protection applicants to return home. This means that persons stay in centres for periods longer than were originally intended. The title of document “Renting Life in Ireland” – which uses a quote from one of the children in the Focus Group is probably an apt one. Until such time as an asylum seeker is granted protection status or is granted some other form of Leave to Remain, his/her life has a form of impermanence. This is not the fault of the State but rather a reflection of the decision he/she has made to seek access to a country on grounds of international protection, a process involving a period of investigation and accompanying uncertainty as to his/her future. The Immigration, Protection and Residence Bill, currently before the Oireachtas, has as one of its aims, the speeding up of the international protection processing process (through the ‘single procedure’) and one the consequences of that will be less time spent in Direct Provision.
- RIA carries out to the best of its ability the Government mandate in relation to Direct Provision and dispersal. There is no sign of that mandate changing. The system stays as it

is and the challenge facing RIA and all agencies is to try and make it work better. To that end, RIA would be glad to explore further the practical recommendations in document Draft Strategy Statement for an Integrated Strategy for the Co-ordination of services to Immigrant Communities in County Clare 2009 -2012.

Appendix 1: Glossary

- **Migrant Worker:** A migrant worker is a person who is working in a state of which s/he is not a national. A migrant worker can be documented and undocumented.
- **Work Permit:** A Work Permit gives permission for a migrant worker to be employed in a specific job. The employer must show that there are no Irish or EU candidates available to fill the position. A Work Permit is normally issued for two years and can be renewed for three years.
- **Green Card:** A Green Card is a type of work permit issued for selected professional areas and for jobs with a salary of €60,000 and over. It is valid for two years.
- **Asylum Seeker:** An Asylum-Seeker is a person who has applied for refugee status and is awaiting a decision on their case. A person seeking asylum has very limited rights and does not have the right to work. An asylum seeker is defined, by the UN (Geneva) Convention on Refugees, 1951 as:

Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of her/his nationality and is unable, or owing to such fear, is unwilling to avail her/himself of the protection of that country; or (any person) who, not having a nationality and being outside the country of her/his former habitual residence, is unable, or owing to such fear is unwilling to return to it.
- **Refugee:** A Refugee is a person whose application for refugee status has been successful. Refugee status will be given only when there is a well-founded fear that that person will be subjected to persecution if they return to their country. Once a person has refugee status s/he can work without any restrictions.
- **Roma:** Roma refers to the international Roma community, which is made up of diverse groups throughout the world. As a minority ethnic group, the Roma do not have an exclusive nation or homeland but share a common ancestry of origin, history and culture. Despite a traditional nomadic culture, today many Roma groups are settled, particularly in the former Eastern European countries where sedentary living was enforced under communist rule. However, there are still Roma who are peripatetic nomads, that is they travel in order to practice their trades and skills where they can.
- **EU National:** An EU national is a person who is a citizen of an EU member state. All EU citizens have the right to move freely within the European Union, including Romania and Bulgaria who joined on 1st January 2007. A number of EU states have restrictions on who can access their labour market. Ireland imposed restrictions on Romanian and Bulgarian nationals accessing jobs here.
- **Non-EU National:** A Non-EU national is a person who is not a citizen of an EU member state. They have fewer rights in EU countries than EU migrant workers.
- **Irish Born Child:** ‘Irish born child’ (IBC) usually refers to a child born in Ireland who parents are not Irish or EEA citizens. Following the Citizenship referendum in 2004, legislation was passed so that it is no longer possible for persons born in Ireland to

obtain automatic citizenship.

- **Leave to Remain:** This is a statement of the conditions and the duration on which a non-EEA citizen is permitted to remain in Ireland. It is given at the discretion of the Minister for Justice, Equality and Law Reform, usually on humanitarian grounds.
- **Dáil-Parliament, Lower House**
- **Gaelscoileanna**-Schools run through the medium of Irish
- **Gardaí/Gárda Síochána**-Police
- **Tánaiste**- Deputy Prime Minister
- **Taoiseach**-Prime Minister

Appendix 2: List of Focus Groups

1. Clare VEC Tutors Focus Group, 15/5/07, VEC Ennis
2. Clare VEC Students Focus Group, 15/5/07, VEC Ennis
3. Social Integration Focus Group, 17/5/07, Temple Gate Hotel Ennis
4. Housing & Accommodation Focus Group, 17/5/07, Ennis Town Council Civic Office
5. Health and Welfare Focus Group 21/5/07 HSE Tobertaoiscain Physiotherapy Department, Ennis
6. Ennistymon Ethnic Minority Focus Group, 28/5/07, Fall Hotel Ennistymon
7. Ennis Ethnic Minorities Focus Group 28/05/07, Temple Gate Hotel Ennis
8. Clare Care Focus Group, 29/5/07, Clare Care, Ennis
9. Scarriff Ethnic Minorities Group, 1/6/07, Derg House Scarriff
10. Primary Education Focus Group, 5/6/07, Clare Education Centre, Ennis
11. Kilrush Ethnic Minorities Focus Group, 7/6/2007, Kilrush Family Resource Centre, Kilrush
12. Knockalisheen Residents Focus Group, 13/6/07, University of Limerick
13. Knockalisheen Service Providers (HSE) Focus Group, 19/6/07, River House, Ennis

Appendix 3: Asylum Procedures under Refugee Act 1996 (as amended)

1. Access to Territory by an asylum seeker.



2. Application for Asylum – at port of entry, Garda station or at the Refugee Application Centre.



3. Initial Procedure – initial interview by an authorised officer or immigration officer. Dublin Convention Questionnaire and Asylum Questionnaire must be completed by the applicant.

– Dublin Convention – notice may be given under the Dublin Convention to transfer the applicant to the first EU country which s/he entered.

– “Manifestly unfounded” – an application may be declared “manifestly unfounded” either prior to the substantive interview or afterwards.



4. Substantive Asylum Interview – free legal aid is available to all asylum seekers from the Refugee Legal Service.

Applications are initially determined by the Office of the Refugee Applications Commissioner (RAC). This may result in: 1) recognition of refugee status;

2) Refusal of application; or

3) The case being declared “manifestly unfounded”.



5. Right to Appeal Negative Decision – right to appeal to the Refugee Appeals Tribunal (RAT).

Temporary Leave to Remain – anyone who receives a deportation letter can make written applications to the Minister for leave to remain. Temporary ‘leave to remain’ may be granted or deportation is ordered.

Appendix 4:

Services to Minority Communities in County Clare-Self Administered Questionnaire

Section 1: Background

1.1 Gender (*tick correct box*):

- Male
- Female

1.2 How old are you?

- 18-25
- 25-30
- 30-40
- 40-65
- 65+

1.3 Are you married or living with a partner? (*tick correct box*):

- Yes
- No

1.4 Do you have children and if so how many?

1.5 Do you have members of your family living with you in Clare?

- Yes
- No

1.6 If so, please could you give us details about the family members living with you?

- Wife/husband/partner
- One child
- Two children
- Three Children
- More than three children
- Other (specify) _____

1.8 Have you left behind in your home country members of your family with whom you were living, in the same household, at the time of your departure?

- Wife/husband/partner
- Children Number _____
- No

1.9 Would you like to bring other members of your family to Ireland?

- Yes
- No

1.10 What is your religion? (*tick correct box*)

- Roman Catholic
- Anglican/Methodist/Presbyterian
- Evangelical/Pentecostal
- Other Christian
- Muslim
- Buddhist
- Hindu
- Jewish
- Orthodox Christian
- Other
- No religion

1.11 Which language do you use at home when you are speaking to members of your family?

1.12 In your home country, which language did you use at work?

1.13 What is your nationality?

Nationality: _____

1.14 Can you tell me about your educational experience? (*Tick correct box*)

- No formal education.
- Completed less than six years of school.
- Matriculated from secondary school
- Attended third level institution
- Completed third level education
- Trade/technical qualification
- Adult learning qualification

1.15 What is your highest educational qualification?

1.18 Before you left your home country were you working? If so what was your last occupation at home? (*Tick correct box*)

- At school or college
- Unemployed
- Housewife
- Manual labourer
- Machinist
- Farmer

- Craftsman/woman
- Self employed businessman/woman
- Clerical/sales
- Professional (specify)
- Other (specify)

1.19 What kind of work are you doing in Ireland?

Section 2: Rights and entitlements

2.1 When did you first come to Clare?

2.2 Where you are living in Clare?

2.3 At the place where you live how far is it to the nearest useful shops?

- Very close/ easy to walk, just a few minutes
- Very far/ difficult to get to

2.4 If you have children, how far do they have to travel to school?

- Very close/ easy to walk, just a few minutes
- Very far/ difficult to get to

2.5 Do you have a car or easy access to a car?

- No
- Have a car
- Easy access to a car (owned by a family member, neighbour or co resident)

2.6 What kind of accommodation do you live in?

- Self-owned house
- Single family house rented from private landlord
- Single family house owned by local council
- Shared house
- Staying with friend in one of above
- Apartment
- Shared apartment
- Hostel
- Bed and breakfast

2.7 At the place where you live do you have your own bedroom?

- Own bedroom
- Shared with members of my family
- Shared with non family members

2.8 How many people live in the house where you are staying?

2.9 If you are sharing your accommodation with non-family members how many people have to share the kitchen?

2.10 If you are sharing your accommodation with non-family members how many people share the bathroom and toilet?

2.11 If you are sharing your accommodation with non-family members how many people share the lounge/dayroom?

2.12 Do you cook your own food or are your meals provided?

- Own cooking
- Meals provided

2.13 If the food is provided is it adequate?

- Badly cooked
- Dull but adequate
- Sometimes good
- Usually appetising and nutritious
- Objectionable on religious or other ethical grounds
- Culturally appropriate
- Took some time to get used to because it was new to me

2.14 Is your accommodation warm enough in winter?

- Yes
- No

2.15 If you live in a hostel is there a curfew and do you have to sign your self in and out?

- Don't live in a hostel
- Live in a hostel no curfew no signing
- Live in a hostel with curfew and/or signing

2.16 How would you describe your accommodation with respect to space, comfort and security?

- Accommodation is spacious, comfortable and safe
- Accommodation is spacious and comfortable but does not feel very safe
- Accommodation is safe but crowded and/or uncomfortable
- Accommodation is unsafe, crowded and uncomfortable

2.17 What ages are your children?

Child	Age
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	

2.18 Are your children going to school here in County Clare?

- No
- Yes at primary school
- Yes at primary school and secondary school
- Yes at secondary school

2.19 If your children attend school have you met their teachers?

- Yes
- No

2.20 How often have you met them?

- Once only
- Quite often
- Every term

2.21 How would you describe your children's experience at school?

- Unhappy/unsettled/upset
- Seem to be settled/okay
- Fairly settled and happy and making friends
- Very settled and happy and making friends

2.22 How are they doing in their classes?

- Completely bewildered
- Find it difficult to keep up with the other children
- Language difficulties
- Difficult at first but are making progress
- They are doing well

2.23 Is their teacher helpful? Do your children like him/her?

- Teacher is helpful and supportive
- Children seem to like him/her
- Teacher pays them no attention
- Children are nervous of their teacher

2.24 Have your children made friends at school?

- They don't seem to have made friends
- Yes, though mainly with the children of other immigrant workers
- Yes, and with Irish children as well.
- Yes, with our neighbours

2.25 If your children have made friends have they been invited to their friends' homes

- Have not made friends
- Have made friends but not been invited
- Have been invited
- Provide example of such an occasion

2.26 Do your children have special educational needs?

- Yes (specify)
- No
- Don't know

2.27 If the answer to the last question is yes, are these needs being met?

- Yes
- No

2.28 Do your children attend homework club?

- Yes
- No

2.29 Do your children attend crèche or preschool?

- Yes
- No

2.30 Have you or members of your family seen a doctor or a nurse since arriving in County Clare?

- No, but I and/or they don't need to.
- We would like to but we haven't been able to
- Yes, when we have needed to.

2.31 If the answer to the last question was yes, when did you last see a doctor or a nurse?

2.34 If you have seen a doctor or a nurse where did you visit them?

- At his or her surgery
- They came to my home/where I live
- In the local health centre

- Other (specify)

2.35 Have you or your wife/partner had children here?

- Yes
- No

2.36 If so what kind of support did you receive before and after the birth?

- Attentive care by GP
- Inadequate care by GP
- Short-term care for other children while in hospital
- Vaccinations
- Visits from public health nurse

2.37 Do you have a health condition that requires regular care from a doctor or a nurse or that needs regular medication?

- Yes
- No

2.38 If the answer to the last question was yes, do you receive the care and the medicine?

- Yes
- No

2.39 Do you find it difficult or is it easy to communicate with doctors and other HSE/Health board medical people in Clare or Limerick? For example, is it easy or hard for you to make them understand your health problems?

- At first it was difficult but now it is better
- No problems in making the doctor understand my health needs
- They don't seem to believe me
- Yes, because they ask me questions that I find embarrassing to answer
- Yes, this is very difficult, mainly because of language problems

2.40 When you last attended Limerick or Ennis hospital how long did you have to wait until you received attention (specify which hospital in answer).

- Have not attended

At Ennis/Limerick (delete what is inapplicable) waited for (hours and minutes)

2.41 Have you or a member of your family visited a dentist since your arrival in Clare?

- Don't need to.
- Would like to but have not been able to.
- Yes.

2.42 Have you or a member of your family visited an optician/optthalmist/ eye doctor since your arrival in Clare?

- Don't need to.
- Would like to but have not been able to.
- Yes.

2.43 Have you or a member of your family visited a speech and hearing therapist?

- Don't need to
- Would like to but have not been able to
- Yes

2.44 Do you have any kind of disability?

- No
- Partially sighted
- Hearing disability
- Movement impaired (e.g. need to use wheelchair)
- Other (specify)

2.45 Since arriving in Ireland, have you received any support with respect to your disability? (specify)

2.46 Do you or members of your family need counselling or psychological support? For example, have you or members of your family had an appointment with a psychiatrist or a mental health nurse since arriving in Ireland?

- Don't need it.
- Would like to try such services but they don't seem to be available
- Would like to try such services but don't know how to obtain them
- Yes, have received such support

2.47 Generally, how well have you and your family been treated in Clare (and Limerick) by doctors and other health workers?

- Very helpful and supportive
- Generally helpful and supportive
- They have tried hard but they don't understand our needs
- Not very helpful
- Unhelpful

2.48 Do you receive any of the following?

- Social Welfare allowance
- Job seekers allowance
- Rent allowance
- Child benefit
- Other (specify)

2.49 Do you have television in your accommodation?

- Yes
- No

2.51 If your answer to the question is yes, what type of programmes do you watch?

- RTE
- Satellite Sky/Chorus
- Satellite programmes from home country

2.52 Do you have access to any other kinds of entertainment than television?

- Nearby or on-site sporting facilities (including table tennis)
- Public library
- Pub/bar
- Community centre
- Youth club
- Internet
- Cinema
- Theatre/Arts Centre
- Watching Sport
- GAA
- Other

2.53 Do you attend a local church or mosque or temple?

- Yes
- No

2.54 Have you got to know local residents through attending religious services?

- Yes
- No

2.55 Does a minister of your faith regularly visit where you live?

- Yes
- No

2.56 Do you feel safe in the place where you live?

- Yes, all the time
- No, not at weekends
- No, most days I feel unsafe

2.57 If not, what are the main threats to your security that you perceive?

- Other people who share my accommodation and threaten my personal safety
- Local residents seem hostile when I encounter them in street or in shops
- Other (specify)

2.58 If you were the victim of an assault or any other kind of crime would you report it to the police?

- Yes
- No

2.59 If the answer to the last question is no, why would you not report such a crime? (*Tick the answer(s) that are closest to being correct*)

- Because the police would not bother about a crime committed against a non-Irish person
- Because I do not want to draw attention to myself
- Because I do not want to get my community into trouble
- Because I am frightened that I will be assaulted again
- Because I do not trust the police
- Because I am frightened of the police
- In my home country I am frightened of police and this makes me reluctant
- Other, specify

2.60 Are there particular kinds of help that you need that you have not received?

- No
- Yes (*Open answer*)

2.61 If you need information about how to obtain any kind of help (health, educational, etc.) who would you ask for advice?

(Open answer)

Section 3: Encounters with Officials and with Service Providers.

3.1 Have you had any contact with any other officials in government agencies including health services, social welfare, or the county council?

- Yes
- No

3.2 If yes, briefly, please tell with whom you have had contact and for what purpose.

Type of official	Purpose of contact

3.3 With social workers/family support workers

- No
- Yes. Specify

3.4 Do you find the services supplied by family support workers useful?

- Yes
- No

3.5 If your answer is yes, could you tell us what sort of services have been especially helpful?

(Open answer)

3.6 Have you had any serious disagreements with people who have offered services or support?

- No
- Yes. Specify

3.7 Have you received any legal advice or any other kind of legal assistance?

- Yes
- No

3.8 If your answer to the above is yes, from whom have you received legal help?

(open answer)

3.9 Have you had any encounters with the Gardaí (police)?

- No
- Yes

3.18 In general how helpful have been the various officials and service providers whom you have encountered since arriving in Ireland

	<i>Very helpful and Reassuring</i>	<i>Helpful</i>	<i>Unhelpful</i>	<i>Very unhelpful and hostile or Intimidating</i>	<i>Have not accessed or encountered</i>	<i>Have tried to access but not succeeded</i>
Gardaí						
<i>FAS/Dept of Social and Family Affairs</i>						
<i>Public Health Nurse</i>						
<i>Community Welfare Officers</i>						
<i>Social Workers/ Family Support</i>						
<i>Dentists</i>						
<i>Disability Services</i>						
<i>Mental Health Services</i>						
<i>Other health</i>						
<i>Local Housing Authority</i>						
<i>Education or teachers</i>						
<i>Other services providers (specify)</i>						

Section 4: Social Relationships

4.1 Since arriving in Clare have you made friends? (*Tick whichever is applicable*)

- Not really
- Only social contact with immigrant workers with whom I am living
- Have made friends more widely within immigrant community
- With parents of children's friends at school
- With local Irish people
- Have made friends with compatriots who live in Clare
- Have made friends with people in the immigrant community who are not compatriots (specify nationality) _____

4.2 What was the last social event you attended? (*This can be quite casual – a cup of tea with a friend or a night out at the pub or more elaborate, a shared meal, a party, a Christening or similar celebration*)

4.3 Are there groups of people within the immigrant community to which you belong that provide organised social activities?

- Faith congregation
- Sports team

- Charitable association
- National association
- Other (specify) _____

4.4 Are there people that you used to know at home who have now settled permanently in Ireland?

- No
- Yes, friends
- Yes, family
- Yes, both

4.5 Have you been in touch with them?

- Yes
- No

4.7 Do you feel that you or your family members have experienced any discrimination or unfair treatment because you are not Irish since your arrival in Clare? (Tick whichever are applicable)

- No, not at all.
- Not very often
- Some hostility in everyday encounters with local people, in shops and suchlike
- From other children at school
- From teachers
- From officials

4.8 Can you give me an example of your own experience of such discrimination in Clare?

(Open answer)

Section 5: Aims and Aspirations

5.1 Would you like to live in Ireland permanently?

- Yes
- No
- Don't know

5.2 If yes, would you like to remain here in Clare?

- Yes
- No

5.3 Would you like to obtain more education?

- Yes
- No

5.5 If your answer to the last question is yes, what sort of education would you like?

- English language training
- Basic/elementary/secondary
- Diploma/vocational
- University

5.6 Would you like to do different work from your job at present and if yes what kind of work would you like to do?

- No
- Yes. Specify

Thank you for helping us. If you would like more information about this research project please contact the project investigators:

Appendix 5:

Rights and Discrimination among the Asylum Seeker and Traveller Communities in Ennis Questionnaire for People with experience of the Asylum process

Section 1: Background

1.1 Language of interview

1.2 If in English try and ascertain level of English language comprehension and speech fluency:

- Generally fluent
- Occasional difficulties in comprehension, possibly due to accent, etc.
- Basic comprehension and speaking ability: questions need to explained

1.3 Gender (*tick correct box*):

- Male
- Female

1.4 How old are you?

- 18-25
- 25-30
- 30-40
- 40-65
- 65+

1.5 Are you married or living with a partner? (*tick correct box*):

- Yes
- No

1.6 Do you have children and if so how many?

1.7 Do you have members of your family living with you in Ennis? If so, please could you give us details about the family members living with you? (*Interviewer: try and establish the respondent's position in the family structure*).

(Open answer)

1.8 Have you left behind in your home country members of your family with whom you were living, in the same household, at the time of your departure?

(Open answer)

1.9 If your application is successful would you like to bring other members of your family to Ireland?

- Yes – immediate family
- Yes – extended family
- No

1.10 What is your religion? (tick correct box)

- Roman Catholic
- Anglican/Methodist/Presbyterian
- Evangelical/Pentecostal
- Other Christian
- Muslim
- Buddhist
- Hindu
- Jewish
- Orthodox Christian
- Other
- No religion

1.11 Which language do you use at home when you are speaking to members of your family?

1.12 In your home country, which language did you use at work?

1.13 What is your nationality? If you prefer not to tell us your nationality from which region of the world have you come?

Nationality: _____

- North America
- Central America
- South America
- West Africa
- Central Africa
- East Africa
- North Africa
- Southern Africa
- Europe
- Middle East
- Rest of Asia

1.14 Did you bring a passport or an identity document from your home country?

- Passport
- ID document

- No documentation
- Prefer not to say

1.15 Can you tell me about your educational experience? *(Tick correct box)*

- No formal education.
- Completed less than six years of school.
- Matriculated from secondary school
- Attended third level institution
- Completed third level education
- Trade/technical qualification
- Adult learning qualification

1.16 What is your highest educational qualification?

1.17 Do you have in your possession your educational certificates?

- Yes
- No

1.18 Before you left your home country were you working? If so what was your last occupation at home? *(Tick correct box)*

- At school or college
- Unemployed
- Housewife
- Manual labourer
- Machinist
- Farmer
- Craftsman/woman
- Self employed businessman/woman
- Clerical/sales
- Professional (specify)
- Other (specify)

1.19 What is your legal residential status?

- Stage 1
- Refused asylum awaiting appeal outcome
- Refused asylum subsidiary status
- Received deportation letter
- Irish born children
- Leave to remain
- Refugee status

Section 2: Rights and entitlements

2.1 What part of Ennis are you living in?

2.2 At the place where you live how far is it to the nearest useful shops?

- Very close/ easy to walk, just a few minutes
- Very far/ difficult to get to

2.3 If you have children, how far do they have to travel to school?

- Very close/ easy to walk, just a few minutes
- Very far/ difficult to get to

2.4 Do you have a car or easy access to a car?

- No
- Have a car
- Easy access to a car (owned by a family member, neighbour or co resident)

2.5 What kind of accommodation do you live in?

- Single family house rented from private landlord
- Single family house owned by local council
- Shared house
- Staying with friend in one of above
- Apartment
- Shared apartment
- Hostel
- Bed and breakfast

2.6 At the place where you live do you have your own bedroom?

- Own bedroom
- Shared with members of my family
- Shared with non family members

2.7 Does your family live together in a single room or more than one room?

- One room
- More than one room
- Not applicable: single

2.8 How many people live in the house where you are staying?

2.9 How many people have to share the kitchen?

2.10 How many people share the bathroom and toilet?

2.11 How many people share the lounge/dayroom? (Ask this question only of interviewee is living in accommodation shared by different families or in a hostel)

2.12 Do you cook your own food or are your meals provided?

- Own cooking
- Meals provided

2.13 If the food is provided is it adequate? *(Tick all the boxes which the interviewee agrees with)*

- Badly cooked
- Dull but adequate
- Sometimes good
- Usually appetising and nutritious
- Objectionable on religious or other ethical grounds
- Culturally appropriate
- Took some time to get used to because it was new to me

2.14 Is your accommodation warm enough in winter?

- Yes
- No

2.15 If you live in a hostel is there a curfew and do you have to sign your self in and out?

- Don't live in a hostel
- Live in a hostel no curfew no signing
- Live in a hostel with curfew and/or signing

2.16 How would you describe your accommodation with respect to space, comfort and security?

- Accommodation is spacious, comfortable and safe
- Accommodation is spacious and comfortable but does not feel very safe
- Accommodation is safe but crowded and/or uncomfortable
- Accommodation is unsafe, crowded and uncomfortable

2.17 What ages are your children (ask this question if the children are here in Ennis)

Child	Age
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	

2.18 Are your children going to school?

- No
- Yes at primary school

- Yes at primary school and secondary school
- Yes at secondary school

2.19 If your children attend school have you met their teachers?

- Yes
- No

2.20 How often have you met them?

- Once only
- Quite often
- Every term

2.21 How would you describe your children's experience at school?

- Unhappy/unsettled/upset
- Seem to be settled/okay
- Fairly settled and happy and making friends
- Very settled and happy and making friends

2.22 How are they doing in their classes?

- Completely bewildered
- Find it difficult to keep up with the other children
- Language difficulties
- Difficult at first but are making progress
- They are doing well

2.23 Is their teacher helpful? Do your children like him/her?

- Teacher is helpful and supportive
- Children seem to like him/her
- Teacher pays them no attention
- Children are nervous of their teacher

2.24 Have your children made friends at school?

- They don't seem to have made friends
- Yes, though mainly with the children of other asylum seekers
- Yes, and with Irish children as well.
- Yes, with our neighbours

2.25 If your children have made friends have they been invited to their friends' homes

- Have not made friends
- Have made friends but not been invited
- Have been invited
- Provide example of such an occasion

2.26 Do your children have special educational needs?

- Yes (specify)
- No
- Don't know

2.27 If the answer to the last question is yes, are these needs being met?

- Yes
- No

2.28 Do your children attend homework club?

- Yes
- No

2.29 Do your children attend crèche or preschool?

- Yes
- No

2.30 Have you attended any adult education classes?

- Yes
- No
- Not available
- Would like to but can't because I must look after children
- Would like to but can't for other reasons (specify)

2.31 Have you or members of your family attended any English language classes?

- Would like to but have been unable to
- Classes are not available
- Don't need to
- Have attended
- Members of my family have attended
- Would like to but can't because I must look after children
- Would like to but can't for other reasons (specify)

2.32 Have you or members of your family seen a doctor or a nurse since arriving in Ennis?

- No, but I and/or they don't need to.
- We would like to but we haven't been able to
- Yes, when we have needed to.

2.33 If the answer to the last question was yes, when did you last see a doctor or a nurse?

2.34 If you have seen a doctor or a nurse where did you visit them?

- At his or her surgery

- They came to my home/where I live
- In the local health centre
- Other (specify)

2.35 Have you or your wife/partner had children here?

2.36 If so what kind of support did you receive before and after the birth?

- Attentive care by GP
- Inadequate care by GP
- Short-term care for other children while in hospital
- Vaccinations
- Visits from public health nurse

2.37 Do you have a health condition that requires regular care from a doctor or a nurse or that needs regular medication?

- Yes
- No

2.38 If the answer to the last question was yes, do you receive the care and the medicine?

- Yes
- No

2.39 Do you find it difficult or is it easy to communicate with doctors and other HSE/Health board medical people in Ennis or Limerick? For example, is it easy or hard for you to make them understand your health problems?

- At first it was difficult but now it is better
- No problems in making the doctor understand my health needs
- They don't seem to believe me
- Yes, because they ask me questions that I find embarrassing to answer
- Yes, this is very difficult, mainly because of language problems

2.40 When you last attended Limerick or Ennis hospital how long did you have to wait until you received attention (specify which hospital in answer).

- Have not attended

Waited for

2.41 Have you or a member of your family visited a dentist since your arrival in Ennis?

- Don't need to.
- Would like to but have not been able to.
- Yes.

2.42 Have you or a member of your family visited an optician/optthalmist/ eye doctor since your arrival in Ennis?

- Don't need to.
- Would like to but have not been able to.
- Yes.

2.43 Have you or a member of your family visited a speech and hearing therapist?

- Don't need to
- Would like to but have not been able to
- Yes

2.44 Do you have any kind of disability?

- No
- Partially sighted
- Hearing disability
- Movement impaired (e.g. need to use wheelchair)
- Other (specify)

2.45 Since arriving in Ireland, have you received any support with respect to your disability? (specify)

2.46 Do you or members of your family need counselling or psychological support as a consequence of the experiences that compelled you to leave your home country? For example, have you or members of your family had an appointment with a psychiatrist or a mental health nurse.

- Don't need it.
- Would like to try such services but they don't seem to be available
- Would like to try such services but don't know how to obtain them
- Yes, have received such support

2.47 Generally, how well have you and your family been treated in Ennis (and Limerick) by doctors and other health workers?

- Very helpful and supportive
- Generally helpful and supportive
- They have tried hard but they don't understand our needs
- Not very helpful
- Unhelpful

2.48 Do you receive any of the following?

- €19.10 weekly personal allowance?
- Social Welfare allowance
- Job seekers allowance
- Rent allowance
- Child benefit
- Other (specify)

2.49 Roughly, can you tell me how you spend this money?

(Open answer)

Item (Food/recreation/ clothes/ transport etc)	Cost	Frequency

2.50 Is television available in your accommodation?

- Yes
- No

2.51 If your answer to the question is yes, what type of programmes do you watch?

- RTE
- Satellite Sky/Chorus
- Satellite programmes from home

2.52 Do you have access to any other kinds of entertainment than television?

- Nearby or on-site sporting facilities (including table tennis)
- Public library
- Pub/bar
- Community centre
- Youth club
- Internet
- Cinema
- Theatre/Arts Centre
- Watching Sport
- GAA
- Other

2.53 Do you attend a local church or mosque or temple?

- Yes
- No

2.54 Have you got to know local residents through attending religious services?

- Yes
- No

2.55 Does a minister of your faith regularly visit where you live?

- Yes
- No

2.56 Do you feel safe in the place where you live?

- Yes, all the time
- No, not at weekends
- No, most days I feel unsafe

2.57 If not, what are the main threats to your security that you perceive?

- Other asylum seekers who live in my residence threaten my personal safety
- Local residents seem hostile when I encounter them in street or in shops
- Other (specify)

2.58 If you were the victim of an assault or any other kind of crime would you report it to the police?

- Yes
- No

2.59 If the answer to the last question is no, why would you not report such a crime? *(Tick the answer(s) that are closest to being correct)*

- Because the police would not bother about a crime committed against an asylum seeker
- Because I do not want to draw attention to myself
- Because I do not want to get the community into trouble
- Because I am frightened that I will be assaulted again
- Because I do not trust the police
- Because I am frightened of the police
- In my home country I was frightened of police and this makes me reluctant
- Other, specify

2.60 Are there particular kinds of help that you need that you have not received?

(Open answer)

2.61 Briefly, describe for me a typical day. To make this easier, just tell me what you might be doing at the following times.

Morning
Lunchtime
Afternoon
Evening

2.62 If you need information about how to obtain any kind of help (health, educational, etc.) who would you ask for advice?

(Open answer)

3.60 In an emergency, if for example you needed to visit the doctor urgently, is there somebody whom you can rely on to look after the children during your absence? *(Interviewer: in this question we are trying to identify whether the respondent has developed a supportive social network, so try ascertain the details of any such arrangements, if the answer is positive).*

(Open answer)

Section 3: Encounters with Officials and with Service Providers.

3.1 When did you last meet the Refugee Applications Commissioner?

3.2 When you were completing your application for asylum did you receive help in filling in the form and lodging the application?

- Yes
- No

3.3. From whom did you receive help?

- From a solicitor/lawyer provided by the Refugee legal service
- From a solicitor/lawyer which I/we or a friend paid
- From a friend
- Other

3.4 Did you need help from an interpreter when lodging your application?

- Did not need such help.
- Did need it but interpreter was not available
- Was helped by an interpreter

3.5 Do you have to report to an immigration officer? Or a Police Station?

- Yes, here in Ennis
- Yes, in Dublin
- No

3.6 How often must you go to report?

3.7 How many times have you reported to the immigration officer?

3.8 Are these officers polite and helpful?

- Yes
- No

3.9 Have you had any contact with the Refugee Appeals Tribunal?

- Yes
- No

3.10 Have you received any legal advice or any other kind of legal assistance?

- Yes
- No

3.11 If your answer to the above is yes, from whom have you received legal help?

(open answer)

3.12 Have you had any contact with any other officials in government agencies including health services, social welfare, or the county council?

- No

Specify

3.13 Have you had any encounters with the Gardaí (police)?

- No

Specify:

3.14 With social workers/family support workers

- No

Specify

3.15 Do you find the services supplied by family support workers useful?

- Yes
- No

3.16 If your answer is yes, could you tell us what sort of services have been especially helpful?

(Open answer)

3.17 Have you had any serious disagreements with people who have offered services or support?

- No

Specify

3.18 In general how helpful have been the various officials and service providers whom u have encountered since arriving in Ireland (Fieldworker: explain that you are going to ask some questions to get an idea of what these meetings have been like. Use: use the following table)

	<i>Very helpful and Reassuring</i>	<i>Helpful</i>	<i>Unhelpful</i>	<i>Very unhelpful and hostile or Intimidating</i>	<i>Have not accessed or encountered</i>	<i>Have tried to access but not succeeded</i>
<i>Refugee Applications Commissioner</i>						
<i>Immigration Officer</i>						
<i>Refugee Appeals Tribunal</i>						
<i>Gardaí</i>						
<i>FAS/Dept of Social and Family Affairs</i>						
<i>Public Health Nurse</i>						
<i>Community Welfare Officers</i>						
<i>Social Workers/ Family Support</i>						
<i>Dentists</i>						
<i>Disability Services</i>						
<i>Mental Health Services</i>						
<i>Other health</i>						
<i>Local Housing Authority</i>						
<i>Education or teachers</i>						
<i>Other services providers (specify)</i>						

Section 4: Social Relationships

4.1 Since arriving in Ennis have you made friends? (*Tick whichever is applicable*)

- Not really
- Only social contact with other asylum seekers with whom I am living
- Have made friends more widely within the asylum seeker community
- With parents of children's friends at school
- With local Irish people
- Have made friends with compatriots who live in Ennis
- Have made friends with people in the immigrant community who are not compatriots (specify nationality)

4.2 What was the last social event you attended? (*This can be quite casual – a cup of tea with a friend or a night out at the pub or more elaborate, a shared meal, a party, a Christening or similar celebration*)

4.3 Are there groups of people within the asylum community to which you belong that provide organised social activities?

- Faith congregation
- Sports team
- Charitable association
- National association
- Other (specify)

4.4 Do you have family members or people that you used to know at home who are now living in Ireland as legal residents with refugee status or as full Irish citizens?

- No
- Yes, friends
- Yes, family
- Yes, both

4.5 Have you been in touch with them?

- Yes
- No

4.6 Have you met any members of the refugee community in Ennis who come from your country and who have already obtained refugee status?

- No
- Yes, but not very often
- Yes, frequently

4.7 Do you feel that you or your family members have experienced any racism or discrimination since your arrival in Ennis? (Tick whichever are applicable)

- No, not at all.
- Not very often
- Some hostility in everyday encounters with local people, in shops and suchlike
- From other children at school
- From teachers
- From officials

4.8 Can you give me an example of your own experience of racism in Ennis?

(Open answer)

Section 5: Aims and Aspirations

5.1 If your application is successful would you stay in Ennis if you could?

- Yes – if I could find work
- No
- Don't know

5.2 If not, where in Ireland would you prefer to live?

(Open answer)

5.3 Why would you like to move there?

(Open answer)

5.4 Would you like to obtain more education?

- Yes
- No

5.5 If your answer to the last question was yes, what sort of education would you like?

- English
- Basic/elementary
- Diploma/vocational
- University

5.6 What kind of work would you like to do?

(Open answer)

Section 6: Experience as an asylum seeker

6.1 Can you tell us a little bit about your recent experience of leaving home and your journey to Ireland? If you would rather not we can skip this question but it would help our research if we knew why you decided to leave your home country

6.2 What was the date of your arrival in Ireland?

6.3 How long did you spend at the Dublin Reception Centre?

6.4 When were you sent to Ennis?

6.5 Did you come to Ennis straight from Dublin or did you stay in other places as well?

6.6 Did you or members of your family who were accompanying you need medical attention at the time of your arrival in Dublin? If so, what kind of attention did you or they need?

6.7 If you need information about the progress of your asylum application who would you ask?

6.8 Do you believe that the asylum procedure is fair?

- No
- Not very
- Fair
- Altogether fair

Additional points:

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